

Centerville Girls Volleyball

Tryout Registration Form

Please complete Section 1 on this page and give to your parents to complete Section 2. This form must be returned at tryouts along with a completed physical evaluation form (unless one has already been submitted to the athletic department for a prior activity this school year).

Section 1 – Player Information

Player's Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Unit _____ Grade _____ Birthdate ____/____/____

Height _____ Clothing (adult sizes) Shirt S M L XL

What position do you play? OH MB S DS No Preference Not sure

Section 2 – Parent Information

Mother's Name _____

Work Number _____ Cell Number _____

Email address _____

Father's Name _____

Work Number _____ Cell Number _____

Email address _____

-----Do not write below this line-----

For use by coaching staff only

Physical Exam turned in today _____ already on file for (what activity) _____

Team Selected For FRESHMEN JUNIOR VARSITY VARSITY

Uniform # _____ Gym bag _____