

# Centerville Boys 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 & Advisory \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Clothing (adult men's sizes)    Shirt    S    M    L    XL            Waist Size \_\_\_\_\_ Inseam \_\_\_\_\_  
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 \_\_\_\_\_