



APPLICATION AND TRYOUT INFORMATION FORM

2021-2022 Season

(Please Print)

Player Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Player Phone Number: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____

Parent 1 Name: _____ Cell Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Parent Email: _____

Player Information

Height: _____ Adult Shirt Size: _____ Adult Shorts Size: _____ Shirt Number Preference: _____

Volleyball Experience: Include all teams, clubs and schools, along with number of years and positions played. Also list any camps you have attended.

Please, tell us why you've chosen to try out for our program:

Please list ALL activities you will be involved in during the Club Season which might interfere with your ability to attend all practices and tournaments. Include name of activity and where and when it will take place.

I understand that before I can be given consideration for this program I must agree that I will make every possible effort to make all scheduled practices and tournaments. I understand that the only activity which would come before this program would be my school sport or an academic related activity. I know that commitment, effort and a positive support attitude are required to be a participant in the Cecil Volleyball club program.

Player Signature: _____