

Cecil Volleyball Club

APPLICATION AND TRYOUT INFORMATION FORM

Season

___ 17/18 Tryout
___ 15/16 Reg Season
___ 15/16 Short Season
___ 13/14 Tryout

Player Name: _____

Address: _____

Home Phone: _____

Birthdate: _____ Age: _____ Grade: _____

School: _____ GPA: _____

Parents' Full Names: _____

Parents Work Phone: _____

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

Height: _____ Weight: _____

Shirt Size: _____ Short Size: _____ Shirt Number Preference: _____

Please list **ALL** activities you will be involved in during the "Juniors" 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.

Please explain your reason for trying out for our program:

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, tournaments and fulfill all obligations associated with being a member of the Cecil Volleyball Club.

Signed: _____