



Camps & Clinics Registration Form

Player Name: _____

Player Birthday: _____

School player is Attending: _____

Parent(s) Name(s): _____

Parent(s) number: _____

Parent(s) email address: _____

Zipcode: _____

Are there any health problems we would need to know? Anything you are allergic to?

Have you played club volleyball before?: Yes No

What position(s) do you play? (Circle Below)

Setter

Middle

Right side hitter

Left side hitter

DS (defense)

Libero

If this camp/clinic or league gives out tee shirts what size does the player wear?

UNISEX T-Shirt Sizes (Circle Below)

YM YL YXL S M L XL XXL