For Official Use Only: Tryout Number _____

Thank you for your interest in playing volleyball in the Badger Region of USA Volleyball! Please fill out and take the first page of this sheet, along with a copy of your registration confirmation (or membership card) from Sports Engine and your concussion form for all of your tryouts. Good luck and have a great year!

Player Legal Name_____
First MI Last

Address _____
City ST ZIP

Home Phone: (___)_____ Cell Phone: (____)_____

Email Used to Purchase Membership: _____ Gender (M/F):____ Grade:____

Birthdate (MM/DD/YYYY): _____ High School Graduation Year:_____

Parent/Guardian Names: _____

Parent/Guardian Phone(s):_____/_____

Height _____ _____ Right/Left Handed_____
Feet Inches

Preferred Position:_____ Secondary Position (if applicable)_____

Emergency Contact During Tryout (Name & Phone): _____