



CINCY PEPPERS VOLLEYBALL 2009 TRYOUT REGISTRATION FORM

PLAYER'S NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT INFO (supply only that information which is applicable or which you wish us to use)

Home phone _____ Business phone _____

Parent's cell _____ Parent's email _____

Player's cell _____ Player's email _____

AGE ON 8/31/09 (Note, this is NEXT year) _____ BIRTHDATE _____

HEIGHT _____ WEIGHT _____ LF / RT HANDED? _____

SCHOOL _____

YEAR IN SCHOOL _____ GPA (this grading period) _____

LAST SEASON'S PLAYING EXPERIENCE VAR JV FROSH
(circle all that apply) 8th 7th OTHER

In what activities will you be participating, between January and June, that will take precedence over JO volleyball? If possible, give approximate dates and/or times.

I verify my child, _____ is in good physical condition and able to participate in tryouts for the Cincy Peppers Volleyball Club. I agree to not hold Cincy Peppers Volleyball, it's staff or Madisonville Rec Center responsible for any accident or injury that may occur during the course of this tryout.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____