

CINCY PEPPERS VOLLEYBALL 2010 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 _____

Parent's cell _____

Parent's email _____

Player's cell _____

Player's email _____

AGE ON 8/31/10 (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 _____