

RALEIGH



VOLLEYBALL

Players information:

Tryout #

(*Print very clear in all area*)

Name:

Parents Names:

Player Parents
 Cell Phone: Cell Phone:

Address: _____ City: _____ Zip: _____

Player E-mail:

Parents E-mail:

Age: Date of Birth: ____ / ____ / ____ School: Grade:

Medical problem we needed to know: _____

Position(s) played: S / OH / RH / MH / DS / LI / ALL Position(s) you like to play: S / OH / RH / MH / DS / LI / ALL

Year(s) played volleyball:

Age group & level you like to play:

S P E N

(Select, Power, Elite & National)

Age Group	Level

Which school, club team(s) and level: _____

Awards & honors: _____

Height:

Weight: pounds

* Do Not write below - for * Official Use Only *



Age group & level RECOMMENDED

S/P/E/N

((Select, Power, Elite & National))

Age Group	Level

Score from 1-10 (10 is excellent)

Attitude Team work	Set	Pass	Serve Receive	Serve	Attack	Block	Dig	Transitional Offense	Transitional Defense	Total

Comments: