

Little Rock Juniors Volleyball Club - Player Information

Tryout Number:

Please bring ONE completed copy of this form with you to your tryout.

Date of Birth: _____ Assigned Age Division (per USAV age Chart): _____

PLAYER NAME: _____

Player Email Addr (if different from parent): _____

TEAM SELECTION NOTIFICATION: Enter Name and contact information of person to be contacted regarding team selection that can authorize and approve team selection:

Contact Name: _____ Relationship to Player: _____

List all Phone Numbers to call in order of priority: _____

(Note: If Players are not called, players will be notified of team selection results at the email address used during the registration process.)

Name of School: _____ Grade: _____

Current Team Level: (circle all that apply) SR Varsity SR JV JR Varsity JR JV 8th 7th 6th 5th Beginner

Position(s) Played: (if known) (circle all that apply) Setter MH OH RS/OPP DS/L ANY Unknown

Dominate Hand: Right ____ or Left ____ Height: _____

If you are age 13 and under have you participated in our Future Stars training program? _____

Please list all Clubs you have previously played for (including LRJ): _____

OTHER ACTIVITIES: Please list all other School and non-school activities that you participate in during the months of December - April each year. (i.e. basketball, dance, cheer, swimming, softball, soccer, music, art, etc.)

If you are participating in other activities, are there known dates, or days of the week, that **you will not be available** to attend practices or tournaments? _____

This area for Official Club Use Only: (Parents, do not write in this space.)

_____	LRJ Use Only: TEAM ASSIGNMENT

