



# South Peace Volleyball Club

## Tryout Registration Form



### Player Information

Last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

**Would you be ready to commit to a U12 competitive team that would train twice a week and compete regionally over the winter and spring months?**

Yes \_\_\_ No \_\_\_

VRS 6 Digit Access Code: \_\_\_\_\_ Health Care #: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Category: U \_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Playing Experience: \_\_\_\_\_

Will you be committing to other sports over the winter months? Explain.

\_\_\_\_\_

### Parent Information

Name(s): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

VRS Email Address: \_\_\_\_\_

Tryout #

Notes: