

NORTHSHORE VOLLEYBALL CLUB REGISTRATION FORM

Please fill out and bring to try-outs with \$10 try-out fee plus signed and completed waiver/release form.

Name _____

School _____

Age _____ Grade _____

Birthdate _____

Home Phone Number _____

Parent's Names _____

Home Address (street) _____

(city) _____

(zip code) _____

Preferred Position _____

Previous JO Experience (years and club affiliation) _____

Office use:

Try-Out Fee _____

Try-out Number _____

Birthdate/Age group Checked _____