



Club Cruz Volleyball

Developing the Whole Player - Joy in Training - Technical Excellence - Life Long Love of the Game

Player/Parent Information Form

Player # _____

Please print clearly. This information is used to contact you with tryout results.

Player's Name: _____ Phone Number: _____

Put 1st and 2nd next to the teams you want to be assessed for (Grey is a practice league, Blue is Premier league, Gold is Power league):

____ U11 Gray ____ U12 Blue ____ U12 Gold ____ U13 Blue ____ U13 Gold ____ U14 Gold

____ U15 Gold ____ U16 Gold ____ U17 Gold ____ U18 Gold

Trying out for what position(s)? 1st _____ 2nd _____

Would you like to be considered for a Practice Player position? Yes No

Player's goal for this season – very important – be specific:

Birthdate: ____/____/____ Age for this season: _____

What Club did you play for last season? _____

What school do you attend? _____ Current Grade _____

Please write legibly to assist us with our communication to you.

Parent/Guardian Name:



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Street Address:

City, St., Zip:

Parent/Guardian Email address:

Parent/Guardian phone # regarding tryout results: _____

Player Email address: _____

Parent's Goal for your daughter:

How did you hear about

us? _____