

YOUTH VOLLEYBALL LEAGUE

Registration Form



**Registration
Begins
August 1st**



Registration begins August 1st

Child's Name _____

Date of Birth _____ **Sex** _____ **Grade in -Fall '2011** _____

School _____

Address _____

Home Phone _____ **Work Phone** _____

Height _____ **Years of playing Experience** _____

Emergency Contact: _____ **Phone:** _____

Is there any medical condition we should know

about? _____

Special instructions/requests: _____

Shirt Size: Youth: ___ Med ___ Lg
Adult: ___ Sm ___ Med ___ Lg ___ XL ___ Other

Yes, I am interested in coaching: _____

Signed: _____ **Date:** _____