



VOLLEYBALL INFORMATION FORM
PLEASE PRINT ALL INFORMATION BELOW

Age Group (Circle one): 12 & under 15 & under 17 & under

PLAYER'S NAME: _____

First MI Last

AGE: _____ DOB: ____/____/____ T-SHIRT SIZE (Circle one): YS YM YL YXL AS AM AL AXL

HOME ADDRESS: _____
Street/City/State/Zip

HOME PHONE: _____ CELL PHONE: _____

PRIMARY EMAIL: _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

SECONDARY EMAIL: _____

SCHOOL ATTENDING: _____

CURRENT GRADE: _____ GRADUATION YEAR: _____ DO YOU PLAY SCHOOL SPORTS? _____

LIST ANY SCHOOL SPORTS YOU PLAY: _____

HEIGHT: _____ CHECK ONE: [] LEFT HANDED [] RIGHT HANDED
(FEET/INCHES)

WHAT POSITION DO YOU PLAY IN SCHOOL VOLLEYBALL? _____

WHAT POSITION DO YOU PLAY IN CLUB VOLLEYBALL? _____

DO YOU HOLD ANY VOLLEYBALL CERTIFICATIONS (REFEREE/SCORE)? _____

I certify that my child is physically able to participate in the Starlings of Memphis Volleyball club. I hereby release the Starlings of Memphis, its coaches, and staff from all claims on account of any loss, injuries, and/or damages which may be sustained by my child while participating in any activities sanctioned by the Starlings of Memphis. I give my permission for medical personnel to administer first aid and adequate medical treatment in the event of any injury or illness. I agree to assume all costs related to such treatment.

Name (print): _____

(SIGNATURE (PARENT/GUARDIAN)

DATE

Tryout Fee: \$20 in advance/\$25 at the door
Please see our website for the tryout schedule.
NOTE: Parents are not allowed at tryouts.

Paid by: [] Cash [] Check [] Credit Card
Make checks payable to Memphis Starlings Volleyball Club

Please complete this form, email to memphisstarling@outlook.com, and submit payment no later than December 1st.
This form MUST BE completed before any athlete will be allowed to participate in try outs.