

Bib#

Paid:



Application for *Adrenaline Volleyball Club* 2018/2019: Please type or print in ink.

Players Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ OVR Member # \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on September 1, 2017: \_\_\_\_\_  
(Month/Day/Year)

Trying out for: Age Group: \_\_\_\_\_ Regional Team  or American Team

(\*Note: Age groups available for American 12, 13 and 17 only)

### Volleyball History

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

Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Level of Play: REC  Middle School

Freshman  Jr. Varsity  Varsity

Position: Setter  Outside Hitter  Middle Hitter  Defensive Spec.

Years in Club VB: \_\_\_\_\_ Club Coach: \_\_\_\_\_

Have you played for *Adrenaline Volleyball Club*? Yes / No

Will you be playing a Winter sport? Yes / No What Sport? \_\_\_\_\_

Will you be playing a Spring Sport? Yes / No What Sport? \_\_\_\_\_

Non-refundable tryout fee \$10.00

Payment plans are available for club fee.

<p>Adrenaline Volleyball Club  C/O Rob Mitchell  5744 Daisy Trail Dr.  Grove City, Ohio 43123  E-Mail: <b>rgm276@yahoo.com</b></p>
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