ALETA ACES VOLLEYBALL CLUB

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http://aletaaces.org

APPLICATION FOR THE ALETA ACES VOLLEYBALL CLUB 2011 SEASON
PLEASE PRINT OR TYPE INFORMATION

Name: _____
First **Middle** **Last**

Address:_____

City: _____ Zip Code: _____

Home Phone: (___) _____ Parents Cell Phone :(___) _____

Athletes Cell Phone: (___) _____

Parents E-Mail: _____

Athletes E-Mail: _____

Soc.Sec.No: _____-_____-_____ Birth Date: ____/____/____
(required for OVR registration) **MM DD YY**

School: _____ Grade: _____ Height: _____

Highest Level of Play: VARSITY JV FRESHMAN JR.HIGH ELEMENTARY
(circle one)

Position: Circle all which apply: SETTER **(4-2) (6-2) (5-1)** MIDDLE HITTER
OUTSIDE HITTER OPPOSITE HITTER DEFENSE SPECIALIST LIBERO
(left side) **(right side)**

Years of club experience: _____ Club played for last season: _____

Please list other clubs you have played for (if applicable): _____

Do you play a winter sport? YES NO What sport? _____
Do you play a spring sport? YES NO What sport? _____

I am trying for this / these age group(s): __12 __13 __14 __15 __16 __17 __18

Shirt Size __S __M __L __XL Number preference _____1st _____2nd

APPLICATION FORM, OVR LIABILITY WAIVER, AND NON-REFUNDABLE $10.00 FEE ARE TO BE TURNED IN BEFORE ATTENDING THE CLINIC/TRYOUT
ANY QUESTIONS PLEASE CALL OR E-MAIL ALETA ACES VBC.