

Lady Gator Freshman/J.V./Varsity Volleyball Tryouts  
Information Form

**Please Print**  
**all**  
**Information**  
**Clearly.**

Name \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other Contact # \_\_\_\_\_

Natural (Circle One):      Right-handed                      Left-handed

Serving (Circle One):      Right-handed                      Left-handed

Primary Position \_\_\_\_\_

(Setter, Middle Blocker, Outside Hitter, Libero, Defensive Specialist)

Other Position(s) \_\_\_\_\_

Playing Experience:

What other sports/extracurricular activities will you be involved in during the Fall?

\*Will you be available for tryouts from May 3<sup>rd</sup> through May 7<sup>th</sup> \_\_\_\_\_

\*Will you be available for conditioning/practices during the summer? \_\_\_\_\_

\*Will you be available for practices and/or games Monday through Saturday, through the end of October? \_\_\_\_\_

**If you answered NO to any question marked with an \*, please explain:**

What do you feel is your strength as a volleyball player?

What do you feel is your weakness as a volleyball player (Be Honest)?

\*Parent Signature (Required)-

I do hereby allow my daughter to try out for, and if selected, play for the Freshman/JV/Varsity Volleyball team.

\_\_\_\_\_

**\*\*YOU MUST HAVE A COPY OF YOUR CURRENT PHYSICAL TO TRY OUT\*\***