

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

Please Print
all
Information
Clearly.

Name _____
Age _____ Grade Level _____
Name(s) of Parent(s)/Guardian(s) _____
Home Phone Number _____
Secondary Phone # _____
GPA 2010-2011 _____

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/practice from May 2nd to May 17th? _____

*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 November? _____

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 Varsity/JV Volleyball team.

_____ (Parent's Signature)

_____ (Coach's Signature Verifying Physical on File)