Buckeye Volleyball Club 2019 Athlete Profile Form

Circle Tryout Location: Columbus Newark

Name:		_Season:(ci	rcle one)	Winter / Spring/ Bot (see below)**	
Age Group: (circle) 10 11 12	13* 14*	15 16	17 18	(see below)	
(Please make sure you fill out all of the	he below inf	Formation. S	School, Ag	ge, Grade, BD, HT)	
School:		Cur	rent Age:		
Grade: Birth Date:		Heig	ht:		
Position(s) :(circle) Outside Hi	tter	Middle Hi	tter	Setter	
Libero/DS		Opposite S	Side Hitter	•	
Level/Division:(circle all that apply)	Regional	Elite A	American	National	
Address:					
City, State, Zip:		· · · · · · · · · · · · · · · · · · ·			
Home Phone #:					
E-mail Address: Parent/Legal Guardi	ian(s)		· · · · · · · · · · · · · · · · · · ·		
Parent's Names: Mother:		Father			
Cell #:	Cell #:		Cell #:		
Volleyball Experience: (# of Years)	Club:		School:		
Name of Club last Season:					
Tee Shirt (Adult Size):(circle)	S M	L	XL		
Send completed Registration and USA tryout fee. Waiver must be signed by insure tee shirt size.					
Walk-in registration fee will be \$20.0	0 on day of	tryouts.			
Make checks payable to Buckeye Vol Send to: Buckeye Volleyball Club, 6			<u>Columbus</u>	s, Ohio 43229	
**Regional Teams: Winter - December Spring - Mid-Feb			2019		
**Elite & American, National Teams:	Spring On	ıly - Januar	y thru Ma	ny 2019	