

Little Rock Juniors Volleyball Club - Player Information

Tryout Number:

I am participating in evaluations/ tryout for a **METRO** ____; **CLUB** ____; **NATIONAL** ____ team

Date of Birth: _____ Age Division: _____

Player Name: _____

Street Address _____

City, State, Zip: _____

Player Email Addr (if different from parent): _____

Name and contact information of person to be contacted regarding team selection:

Name: _____ Relationship to Player: _____

List all Phone Numbers to call: _____

Email Address: _____

Name of School: _____ Grade: _____

City: _____ HS Grad. Year _____

Current Team Level: (check all that apply) SH Varsity __ SH JV __ JH Varsity __ JH JV __ 8th __ 7th __ 6th __ 5th __ Beginner __

Position(s) Played: (if known) (check all that apply) Setter __ MH __ OH __ RS/OPP __ DS/L __ ANY __ Unknown __

Dominate Hand: Right ____ or Left ____ Height: _____

What other activities will you be participating in during club season? (i.e. basketball, dance, cheer, softball...)

If you are participating in other activities, are there known dates, or days of the week, that **you will not be available** to attend practices or tournaments? _____

Can you practice on Wednesdays? Yes _____ No _____

Have you previously played for Little Rock Juniors? Yes _____ No _____

Have you played club ball for another club? _____ If Yes, please state the name of the club: _____

If you are registering for a METRO team and have a request to play with another specific player, please list the name(s) of all players here: (We cannot guarantee we can meet your request.)

LRJ Use Only: TEAM ASSIGNMENT

Please bring TWO completed copies of this form with you to your tryout / evaluation