

**AGE GROUP:**

**TRYOUT NUMBER:**

PLEASE PRINT CLEARLY

**Mizuno Cincy Classics Registration Form**

Check one:  **National**  **Regional**

Name: \_\_\_\_\_ Grad. Year (HS): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Position: \_\_\_\_\_ Handed: Left / Right (circle)

Address: \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

E-mail Address: Mother's: \_\_\_\_\_

Father's: \_\_\_\_\_

Player's: \_\_\_\_\_

(Please print clearly – if your daughter makes a team this is one method of notification)

Parent's Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Have you ever played club volleyball? \_\_\_\_\_

If Yes, Name of club: \_\_\_\_\_

Do you play any other sport (Spring or Winter)? \_\_\_\_\_

If Yes, what sport? \_\_\_\_\_

School or Select? \_\_\_\_\_

**Please complete this form and the attached OVR waiver form and 2010 Medical form, and then proceed to the registration desk for your tryout number. Please have a COPY of your birth certificate ready to turn in with the above forms.**