

AGE GROUP:

TRYOUT NUMBER:

PLEASE PRINT CLEARLY

Mizuno Cincy Classics Registration Form

Check: **National** **Regional** **Both**

LEGAL NAME ONLY: _____ 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 along with ALL the attached forms as listed in the cover letter, and then proceed to the registration desk for your tryout number. Please have a COPY of your birth certificate ready to turn in. If your daughter does not make a team, these forms, including her birth certificate will be shredded.