



CLUB PLAYERS

TRYOUT # _____

Ohio Premier Volleyball club Player Information Form 2023/2024

Age (as of 7/1/2023) _____

Team you would like to be evaluated for (mark all that apply) Regional ___ American ___ National ___

Circle One: 9U 10U 11U 12U 13U 14U 15U 16U 17U 18U

PLAYER INFORMATION

Player Name _____

Address _____

City/State/Zip _____

Parents Email _____

Cell# (_____) _____ Birthday ____/____/____ Grade (Fall 2023) _____

Position _____ T-shirt Size _____ Height _____

School _____

Did you play for the school team this year? Yes No Previous Club _____

PARENTS INFORMATION

Mothers Name _____

Address (if different from Player) _____

Home # (_____) _____ Cell # (_____) _____

Email _____

Fathers Name _____

Address (if different from Player) _____

Home # (_____) _____ Cell # (_____) _____

Email _____