

VELO ATHLETICS FINTESS CAMP

REGISTRATION FORMS

Player's Name: _____

Player's Birthday: _____

School player is Attending: _____

Parent(s) Name(s):

Parent(s) number:

Parent(s) email address:

Zip code: _____

Are there any health problems we would need to know? Anything you are allergic to?

Have you played club volleyball or basketball before?: Yes No

What position(s) do you play? (Circle Below)

Setter

Middle

Right side hitter

Left side hitter

DS (defense)

Libero

If this camp/clinic or league gives out tee shirts what size does the player wear? UNISEX T-Shirt Sizes (Circle Below)

YM YL YXL S M L XL XXL



