



Open Gyms Registration Form

Player Name: _____

Player Birthday: _____

School player is Attending: _____

Parent(s) Name(s): _____

Parent(s) number: _____

Parent(s) email address: _____

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

Have you played club volleyball before?: Yes No

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

Setter

Middle

Right side hitter

Left side hitter

DS (defense)

Libero

Do you play for your Middle School, High School or a School Team? _____