



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEST SHORE YMCA 2025-2026 GIRLS JUNIOR VOLLEYBALL CLUB PLAYER PROFILE

Player Name:							
Street Address:							
City & Zip Code:							
Parent Email:							
Add'l Parent Email:							
Parent Phone Number:							
Birthdate: (MM/DD/YY)							
Player Height:							
Player Grade:	<input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th
Age Group:	<input type="checkbox"/> U12	<input type="checkbox"/> U13	<input type="checkbox"/> U14	<input type="checkbox"/> U15	<input type="checkbox"/> U16	<input type="checkbox"/> U17	<input type="checkbox"/> U18

See Age Definition Chart

Junior High/High School Volleyball Experience (if any)

School District or HS:				
Levels:	<input type="checkbox"/> Varsity	<input type="checkbox"/> JV	<input type="checkbox"/> MS	<input type="checkbox"/> None
Number of Years:				
Position(s):				

Club Volleyball Experience (if any)

Club Name:			
Club Coach(es):			
Number of Years:			
Position(s):			

T-Shirt Size:	<input type="checkbox"/> YL	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Jersey Size:	<input type="checkbox"/> YL	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
List 3 preferred jersey numbers:						

Parent/Guardian Names: _____

Parent/Guardian Signature: _____ **Date:** _____