



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FRIENDSHIP YMCA 2025 - 2026 GIRLS JUNIOR VOLLEYBALL CLUB PROFILE

Player Name:	
Street Address:	
City & Zip Code:	
Parent Email:	
Add'l Parent Email:	
Parent Phone Number:	
Birthdate: (MM/DD/YY)	
Player Height:	

***Tryout open to girls ages 10-14. Please check box of team you attend to tryout for:**

Player Grade:	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th
Age Group:				<input type="checkbox"/> U14	<input type="checkbox"/> U15

Junior High/High School & Club Volleyball Experience (if any):

School District or HS:	
Number of Years:	
Position(s):	
Club Name:	
Club Coach(es):	

Levels:	<input type="checkbox"/> Varsity	<input type="checkbox"/> JV	<input type="checkbox"/> MS	<input type="checkbox"/> None
----------------	----------------------------------	-----------------------------	-----------------------------	-------------------------------

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:** _____