



North Shore Volleyball Developmental Program Registration Form

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ Town: _____ ZIP: _____

Tel #: (____) - _____ E-Mail: _____

Parent's Name:

Mother _____ Father _____

School Year: (circle one) SR JR SO FR 8th 7th 6th 5th

Years played: Total _____ years Juniors _____ years Camps _____ years

DO NOT FILL OUT BELOW THIS LINE (club use only)

Program Fee paid: Cash _____ Check # _____ On-Line _____

Coaches' use only:

	RATING	COMMENTS	SCORE
SERVING	1... 2 ...3 ...4... 5 6 7		_____
PASSING/RECEIVING	1... 2 ...3 ...4... 5 6 7		_____
HITTING	1... 2 ...3 ...4... 5 6 7		_____
SETTING	1... 2 ...3 ...4... 5 6 7		_____

Vertical Jump: _____

Total Score: _____