



Central Alberta Queens Volleyball Club 2020

PLAYER TRY-OUT FORM

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Birthdate (dd/mm/yyyy): _____

Email: _____ PHONE # _____

Parent/Guardian Names: _____

AGE CATEGORY	POSITIONS
<input type="checkbox"/> 13U - Born from Sept 1, 2006 to Dec 31, 2007 (16 Months)	<input type="checkbox"/> Setter
<input type="checkbox"/> 14U - Born from Sept 1, 2005 to Dec 31, 2006 (16 Months)	<input type="checkbox"/> Power
<input type="checkbox"/> 15U - Born from Sept 1, 2004 to Dec 31, 2005 (16 Months)	<input type="checkbox"/> Middle
<input type="checkbox"/> 16U - Born from Sept 1, 2003 to Dec 31, 2004 (16 Months)	<input type="checkbox"/> Right Side
	<input type="checkbox"/> Libero
	<input type="checkbox"/> Not Sure

Prior Playing Experience (include school/club teams and camps):

Other commitments that may conflict with the season (school sports, trips, etc.):

I have pre-registered with Volleyball Alberta (MANDATORY): ☐ **YES** ☐ **NO**

