

Oly Ice Volleyball Club
306 S. West St.
Danvers, IL 61732
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http://www.olyice.com

Oly Ice Volleyball Club

Registration Form

Name: _____

Height: _____ Right/Left handed: _____ Date: _____

Uniform Size(Adult or Youth S/M/L/XL): _____ Compression Shorts: _____ Uniform Top: _____

School Name: _____ Grade: _____ School Coach: _____

Email: _____

Parent/Guardian's Names: _____

Phone #s: _____

How long have you played volleyball? _____

Ever played Club Volleyball? Yes No For Whom: _____

How would you rate your volleyball abilities? Very Good Good Fair Needs Improvement

Hobbies: _____

Favorite Sports: _____

Other sports played at school: _____

Other extracurricular activities: _____

Personal Honors received from any sporting event: _____

Team Honors received from volleyball: _____

What is your best volleyball experience?: _____

What do you expect to get from playing club volleyball? _____

Goals (individual and team) for Club Volleyball Season: _____

(If known) Standing Reach: _____ Vertical Jump: _____ Approach: _____

Striving to Excel Olympia Volleyball!