

Player:	Parent 1
Name:	Name:
Birthdate/	P1 preferred email
Age (on Aug. 31, 2021):	Cell
School:Grade (this fall)	Address:
Player email:	City Zip
Player cell:	Parent 2 :
Address:	Name:
City Zip	P2 preferred email
Dominant hand: ☐ Right ☐ Left	Cell
Position you are trying out for:	Address:
☐ Setter ☐ Outside ☐ Right-side ☐ Middle	City Zip
□DS/Libero	☐ Email /Text only Parent 1
Previous Club/team	☐ Email /Text only Parent 2
Medical issues :	☐ Email /Text both parents everything
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AAU membership #	How did you learn about Game Point Volleyball?
Provide # from 2019-20, available at aausports.org	☐ Referral, name
AAU membership will be required for 2020-21. AAU	☐ Facebook ☐ Instagram ☐ Search engine
Registration will open Aug. 15 th .	☐ Website