

Rochester Pace Bootlegger Volleyball Club

Player/Parent(guardian) information

****E-Mail to be used for billings (parent/guardian):** _____

Player information

Name: _____

Date of birth(mm/dd/yyyy)_____

E-Mail (Player's): _____

Age Group 12 14 15 16 17 18

Phone (include area code) _____

Age (as of Sept. 1st 2017)_____

School Attending (include District) _____

ADULT SIZES

	YM	YL	S	M	L	XL	XXL
t-shirt							
shorts							

Please be careful when requesting sizes. The shirts **should not** be baggy, as this will interfere with play. The size you order for your son will be what his number is put on and if the shirt is too big (or too small) the cost of changing shirts will be billed to you.

School Sports

Winter: _____

Spring: _____

Other Sports

Season: _____

Dates: _____

Did you play: Varsity _____ JV _____ Modified _____ Coach's Name _____

Position played: Setter _____ Middle _____ Left-side _____ Right-side _____ Libero/Defensive Specialist _____

Height _____ Weight _____ Are you Right-handed _____ Left-handed _____

Parent/Guardian Information

Name: _____

Address: _____

City/ZIP _____

Email _____

Phone (home) _____

Phone (work) _____

Cell/ Pager _____

Name: _____

Address: _____

City/ZIP _____

Email _____

Phone (home) _____

Phone (work) _____

Cell/ Pager _____

Permission for player to travel with volleyball team? YES NO

Parent Involvement:

(Please try to be involved with at least 1 or 2 of these)

Interested in being the parent representative for your son's team?	YES	NO
Interested in being a chaperone for your son's team?	YES	NO
Interested in being a part of a tournament committee?	YES	NO
Interested in helping with concessions at a local tournament?	YES	NO