

Age Group



Tryout #

Clinic Registration/Evaluation Form

Player's Last Name:	Player's First Name:
Email #1:	
Parent Names:	Parent Cell Phone:
Email #2:	
Age Group:	Parent Cell Phone:
Date of Birth:	Prior Club, if any:
School:	Number of Club Years:
Position:	What grade are you in?
Player can commit to at least 1 or 2 National Qualifiers, 2-3 two-day out of town tournaments & can attend the Regional Championships? yes or no (please circle one)	What other sports do you play?
To be completed by the Next Level Staff:	
Additional Comments:	
Passing:	
Serving:	
Setting:	
Attacking:	
6v6 Play:	