



# WISCONSIN ICE VBC TRYOUT FORM – 2019

**PLAYER INFORMATION:** (please print) Tryout Age Level(s): \_\_\_\_\_ / \_\_\_\_\_ (i.e. Shavings, Chips, 13s, 14s, 15s, 16s, 17, 18s)  
**YOU MUST TRY OUT AT YOUR AGE LEVEL FIRST BEFORE TRYING OUT AT AN OLDER AGE LEVEL. IF YOU ARE NOT INVITED TO TRY OUT AT AN OLDER AGE LEVEL BY A DIRECTOR OF WISCONSIN ICE VBC, THEN YOU MUST PAY FOR THE ADDITIONAL TRYOUT SESSION IN ADDITION TO YOUR AGE LEVEL TRYOUT**

Highest Program Level at which you are interested in trying out: \_\_\_\_\_ (i.e. National, Purple, Black, Chips, Shavings)  
Age Waiver Required? Yes \_\_\_ No \_\_\_ An age waiver is req'd if you have a "bad birthday" (you are older than your grade level)  
**AGE WAIVER PLAYERS MAY TRY OUT AT THEIR GRADE LEVEL, TOO WITHOUT AN ADDITIONAL CHARGE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ **Player** cell phone \_\_\_\_\_ **Player** e-mail address (required) \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade in School \_\_\_\_\_

Your height in feet and inches \_\_\_\_\_ feet \_\_\_\_\_ inches Your weight in pounds \_\_\_\_\_ Right or Left handed \_\_\_\_\_

**PARENT(S) INFORMATION:** (write "same" on each line where information is identical to information above it)

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mother's cell phone number \_\_\_\_\_

Mother's e-mail address \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Father's cell phone number \_\_\_\_\_

Father's e-mail address \_\_\_\_\_

**PAST CLUB AFFILIATION:**

Have you been a member of Wisconsin Ice VBC in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

If so, what year(s) did you play? \_\_\_\_\_ On what team(s) did you play (i.e. 14 Purple, 16 Black ...) \_\_\_\_\_

Have you played for any other Club? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one) Which Club? \_\_\_\_\_

What volleyball position(s) did you play? \_\_\_\_\_

**SCHOOL:**

School that you presently attend \_\_\_\_\_ What grade are you in? \_\_\_\_\_

Did you play volleyball at your school this fall? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

If you played volleyball at your school this fall, on which team(s) did you play? \_\_\_\_\_  
(such as Varsity, Junior Varsity, Sophomore team, Freshmen team, Eighth Grade team, etc.)

Who was your volleyball coach at school? \_\_\_\_\_

What volleyball position(s) did you play? \_\_\_\_\_