Northern Ohio Volleyball Club Player Profile

Participant's Name:_____

Address:_____

City:_____ Zip:_____

Parent's Name:_____

Home Phone:_____

Parent's Cell:_____

Player's Cell (optional):_____

Email Address:_____

Player's Birthdate:_____

Current School:_____

Grade:_____

Position(s) desired to tryout for (15-18 age groups only)
Please circle up to 2 positions:

Setter Middle Outside Opposite Defensive Specialist