

APEX VBC - CAMP/CLINICS Registration Form - Walk ins

CLINIC & DATE: _____

First & Last Name (Athlete) *

School District *

PRIMARY Email *

Parent/Guardian Cell *

Athlete's Age & Grade *

Player's Cell

Birthday *

Month

Day

Year

Country/Region *

Address *

City *

Zip / Postal code *

Years played *

Is this your first
time attending a
Pack event? *

Yes

No

Position *

Played Volleyball
Overall

Setter, OH, Libero, etc

Graduation Year *

Have you ever played Club, if so what Club?

Shirt Size *

Shoe Sz: *

Pant/Short SZ *

Height *

S, M, LRG, XLRG -

5, 5.5, 6, 6.5.

S, M, LRG, XLRG

FT / Inches

Mark: Y - Youth

Mark: Y - Youth

Mark: Y - Youth

(children)

(children)

(children)

A - Adult

A - Adult

A - Adult

Guardian Signature *

ALL FIELDS MUST BE COMPLETED.....THANK YOU!

Fee: \$50