

# Welcome to the Sports Shack

## 2011 Clinic

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### PLAYER INFORMATION:

Name \_\_\_\_\_  
Last First Player Email Address

Date of Birth \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

### PARENT INFORMATION:

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Parents' First and Last Names \_\_\_\_\_

Home Address City Zip Code

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Home Phone Parent Cell Phone(s) Parent Email address

### IF NEW TO SPORTS SHACK, PLEASE ANSWER:

Have you had any "volleyball club experience? Yes / No Where: \_\_\_\_\_ When: \_\_\_\_\_

Position(s) you have played: \_\_\_Setter \_\_\_Hitter \_\_\_Middle \_\_\_Passer/Libero

How did you hear about the clinic? \_\_\_\_\_

Are you interested in playing club volleyball in the future? \_\_\_\_\_