



2010 Tryouts JUNIOR GIRLS ONLY

For Region Use Only

Farrington High School Gym * Sunday - April 11, 2010

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Year of HS Graduation: _____ Aloha Region USAV No.: _____

Primary Phone: _____ Secondary Phone: _____

Parent/Guardian Name: _____

Parent's Email: _____

Athlete's Email: _____

TEAM TRYING OUT FOR:

Women's International Junior (Born 1991 & after)

\$10 Pre-Registration (by 04/09/10)
Must be a current USAV
Aloha Region member.
\$15 Walk-in Registration
with USAV AH Card
\$20 Walk-in Registration
without USAV Card

POSITION (Mark only one):

- SET=Setter
- OH=Outside Hitter
- MB=Middle
- LIB=Libero

CLUB/SCHOOL INFORMATION:

Club Name: _____
 Age Group: _____
 Club Coach Name: _____
 School: _____
 School Coach Name: _____

RACIAL/ETHNIC HERITAGE (Optional):

- Asian
- Caucasian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- Two or more races
- Black or Afician American
- Other: _____

Mail Pre-Registration Form and
Payment To:

USAV ALOHA JUNIORS
45-205 Ka-Hanahou Circle
Kaneohe, HI 96744

I agree to participate in this tryout and allow USA Volleyball-Aloha Region to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, with my approval in advance of such use, and without financial or other compensation due to me.

Athlete Signature: _____

Parent Signature: _____

(If Junior Member is under 18 years of age)