



Illini Elite Volleyball Club

3 Quest Drive, Unit #209
Bloomington, IL 61705
Ph: (309) 829-3671 Fax: (309) 823-9815

Youth Tryout Information Sheet
Please Print Clearly and Fill Out The Top Portion Only

Tryout Number:
(leave blank)

Athlete's Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: (____) _____

Birthdate (month/day/year): ____/____/____ Player Cell Phone: (____) _____
(if applicable)

School Attending: _____

Current Grade in School (circle one): 4th 5th 6th 7th 8th

13U/14U Players mark your position (if you don't know or if you are 10U-12U, leave it blank): **Setter MH OH DS**

Club Experience (if any): _____

Mother's Name: _____ Mother's Cell Phone: (____) _____

Father's Name: _____ Father's Cell Phone: (____) _____

Parents' Email address: #1) _____
(please **PRINT** legibly)
#2) _____

*****13U/14U players only*****

If you **DO NOT** wish to be considered for one of the 13U/14U Elite teams, mark an "X" in the blank below:

_____ (note: if you mark this, we will **NOT** consider the player for a 13U/14U Elite team).

*****ALL PARENTS/PLAYERS***:** Please list any conflicts and dates that you know of that will mean missing practices and/or tournaments. (i.e. other school sports/club sports that conflict with any practices or tournament dates and Spring Break trips)

Do Not Fill Below This Line

Height: _____ Reach: _____ Block Jump: _____

Triple Jump: _____ (circle longest distance) Serving: _____

Shuttle Run: _____ (circle fastest time) Passing: _____

Vertec: _____ (circle highest jump)

	Acct. Form (Yellow)	P/P Contract (Pink)		Payment (circle one)	Check #	Amount
				Check Credit Cash		\$