

# ILLUSIONS

## CLUB VOLLEYBALL 2025-2026 TRY-OUTS

Age group: \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

School District: \_\_\_\_\_ Height: \_\_\_\_\_ Right or Left handed (circle)

Yrs. in Club: \_\_\_\_\_ Where have you played? \_\_\_\_\_

Position(s) Played: \_\_\_\_\_ Position(s) Desired: \_\_\_\_\_

What other sports do you participate in "outside of school" (fast-pitch softball, AAU BB, competitive dance or cheer, etc.):

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's cell phone: (\_\_\_\_) \_\_\_\_\_ Father's cell phone: (\_\_\_\_) \_\_\_\_\_

Mother's wk. phone: (\_\_\_\_) \_\_\_\_\_ Father's wk. Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mothers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fathers Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mom Work Email: \_\_\_\_\_ Father Work Email: \_\_\_\_\_

Selection to a ILLUSIONS Club Volleyball team is on a "first come first accepted basis" and the initial down payment is required after the try-out session is completed. We cannot hold a position for anyone.

Please be prepared to make a commitment to a team once selected. With the exception of selection to our National teams, it is our goal to find a spot for everyone on a team, based on their age and athletic ability.