



## One Beach Information Form

Please complete all fields so that we can accurately place you for our upcoming training session. This form can be filled out and returned electronically or delivered in paper format.

Athletes First and Last Name: \_\_\_\_\_

Athletes Email: \_\_\_\_\_

Athletes Cell Phone: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Current Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Release Time: \_\_\_\_\_

HS Graduation Year: \_\_\_\_\_

Height: \_\_\_\_\_

Parents First and Last Name: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Parents Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Player Experience:

Years of Beach VB Experience \_\_\_\_\_ Years of Indoor VB Experience \_\_\_\_\_

### Availability: (Select all that apply)

Mon/Wed  Tues/Thurs  Friday

4:00-6:00pm  5:00-7:00pm  6:00-8:00pm  6:00-7:30pm (Little Ones only)

Sat am  Sat noon  Sat pm

### Additional Information:

Partner Name (Optional) \_\_\_\_\_

Interest in additional training (private)  Yes  No