

Birmingham Met Volleyball Club

Name: _____

DOB: _____

Address: _____

Email: _____

Contact No: _____

Student/Teacher at Birmingham Met College? Yes / No

Volleyball Level:

Beginner

Played a little

Average

Good

Time Slot (Please tick any that you can do)

6.30-9pm

7-9pm

Allow permission for photo's to be taken: Signed

If under 16 permission from parent/guardian: