



# Girls/Boys Volleyball Club

## TRYOUT Registration Form

Age Group: 11 12 13 14

(Circle the correct age.)

### Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ T-shirt Size: YM YL AS AM AL AXL

Medical Conditions: (List any Allergies & Prior Injuries) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

I, the parent/guardian of the above mentioned child, give Club Elements, and staff permission to seek necessary medical attention in case of injury to above mentioned child. I hereby also release the said Club Elements, it's staff/employees any and all liability stemming from any injuries incurred.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian, Print: \_\_\_\_\_

**\* TRYOUT FEE: \$25.00**

Cash      or       Check: # \_\_\_\_\_