

## Tryout Registration Form

### PLAYER INFORMATION

Date: \_\_\_/\_\_\_/\_\_\_

Player Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone \_\_\_-\_\_\_-\_\_\_

Age Today \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ What Grade Are You In? \_\_\_\_\_

Have You Played Volleyball Before?

Yes  No Where: \_\_\_\_\_

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### PARENT/ GUARDIAN INFORMATION

Name of Parent/Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone \_\_\_-\_\_\_-\_\_\_

E-Mail Address (that gets checked regularly) \_\_\_\_\_

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Please Read:

I believe this information to be true to the best of my knowledge. If I make a team, I am 100% committed to the season and my team, and I will make every effort to attend ALL practices and tournaments throughout this season.

Player Signature: \_\_\_\_\_