



Pre-Tryout Clinic Registration

PLAYER INFORMATION:		Date of Birth:
Name:		Grade:
PLAYER Email Address:		
PLAYER Cell Phone:		
School:		Position: OH OPP M DS L S

PARENT/GUARDIAN INFORMATION:	
Name:	
PARENT Cell Phone:	
PARENT Email Address:	
Emergency Contact (other than parent listed above):	Phone:

By checking here I give Eastern Elite permission to seek medical assistance for the above named player should staff deem necessary.

By signing below, I give my child (listed above) permission to participate in Eastern Elite Pre-Tryout Clinics. I also certify that I am the legal parent and/or guardian of the above listed child. I/we hereby release USA Volleyball, Eastern Elite Volleyball, Carolina Region Volleyball, DM Price Limited Family Partnership, Wayne County Public Schools and all officers, administrators, official agents, employees, coaches, staff, volunteers and other representatives from organizations listed above from all claims on account of any injuries or illnesses which may be sustained by my/our athlete while attending an Eastern Elite event. I/we understand Eastern Elite retains the rights to any photographs or videos taken at the facility to be used for publicity or advertising. If medical treatment is required, I understand that I am responsible for any charges incurred from medical treatment of my child. I/we also certify that my/our athlete is medically fit to participate in the above program selected.

Parent/Guardian Signature

Date