

**2018-2019 Northern Ace Volleyball Academy
Tryout Packet Checklist**

Tryout Number: _____

Player's Last Name: _____ Player's First Name: _____

Player's Birth Date: ____ - ____ - ____ Jersey # Options (1-20) Tee-Shirt Size: S M L XL

Age: ____ Grade: ____ #1 ____ #2 ____ #3 ____ (Adult Sizes)

We are trying out and able to commit to the following team. By choosing the competitive option I understand the additional commitment and am committing to all competition days of tournaments. Competitive _____ Developmental _____

Contact Information for Club Use:

(Please print clearly you will be contacted after tryouts based on information listed below)

Players Email Address: _____

Players Home Phone # _____ Cell Phone # _____

The following person is the Responsible Financial Party:

Primary Parent/Guardian:

Name: _____ Relationship to player: _____

Email Address: _____

Home Phone # _____ Cell Phone # _____

All Sections of forms must be completed. Be sure to fill in the front and back of all forms. Both parent and player's signatures are required.

_____ **2018-2019 Arizona Region Membership Form / Copy of AZ Region Membership Card**

_____ **2018-2019 Player Medical Release Form**

_____ **2018-2019 Concussion Acknowledgment Form**

_____ **2018-2019 SafeSport Form**

_____ **Attach 2 copies of Athlete's Birth Certificate**

_____ **Photo (taken at registration)**

_____ **\$ 20 Cash/Check. Check Number: _____**