



Tryout Registration Form



PLAYER INFORMATION:

Name:	Date of Birth:
PLAYER Cell Number:	Age:
PLAYER Email:	T-Shirt Size:

School: ____ Varsity ____ Jr Varsity ____ Middle School	Graduation Year:	Grade:
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Position: ____ Outside ____ Opposite ____ Setter ____ Middle ____ Defensive Specialist	____ Right Handed ____ Left Handed
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What team(s) are you interested in playing on: ____ National Team (15-18) ____ Regional Plus Team (13-18) ____ Regional Team (10-14)

Have you played club volleyball before? Yes / No If yes, when did you play and what club did you play for?
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What other extra curricular activities (other sports, clubs, dance, choir, etc.) are you involved in during November-June?
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Eastern Elite players are expected to attend every tournament their team is scheduled for. Please remember that volleyball is a TEAM sport and missing even one player can jeopardize the entire team in tournament play. Are there any conflicts that will prevent you from attending every tournament? (tournament schedule posted on our website) ____ Yes (please explain on back of form and include conflict dates) ____ No

Attendance at practice is very important for athletes to get the maximum benefit of the Eastern Elite program. Practice is where skills are both learned and polished. Therefore, those not in attendance will miss out on the repetitions necessary to improve their skills. Missing practice not only hinders the individual player, but missing practice also delays the development of the entire team. Are there any conflicts that will prevent you from attending practices? ____ Yes (please explain on back of form and include conflict dates) ____ No
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Is there any other information that you would like us to know?
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PARENT INFORMATION:

*please print neatly as this is who we will contact with team placement offer

Name:	Cell Number:
Email:	
Emergency Contact:	Cell Number:

By signing below, I give my child (listed above) permission to participate in Eastern Elite Tryouts. 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 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. I give Eastern Elite permission to seek medical assistance for the above player should staff deem necessary. 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's Name (PRINT)

Parent/Guardian's Signature

Date

please do not write in this space