

BAYSIDE VOLLEYBALL CLUB
2010 – 2011 TRYOUT PLAYER PROFILE INFORMATION

PLEASE PRINT

PLAYER TRYOUT # _____ LEVEL U _____

PLAYER INFORMATION

NAME: _____ DOB: _____

AGE: _____

ADDRESS: _____ TOWN: _____

ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

PARENT INFORMATION

PARENT / GUARDIAN'S NAME: _____

CELL: _____

EMAIL: _____

EMERGENCY CONTACT: _____

CELL: _____

PLAYER PROFILE

SCHOOL: _____ GRADE: _____

GRADUATION YEAR: _____

HIGH SCHOOL COACH: _____

PHONE: _____

HEIGHT _____

CIRCLE ONE

DOMINANT HAND: RIGHT / LEFT

PRIOR CLUB EXPERIENCE: YES / NO WHERE _____

VARSITY / JR VARSITY

WHERE: _____ LEVEL: U _____

POSITION: OUTSIDE RIGHT SIDE SETTER MIDDLE LIBERO
DEFENSIVE SPECIALIST

What to BRING to Tryouts:

- This form filled out and signed by a parent / guardian
- GEVA registration form – www.geva.org/registration (print both registration and medical release and sign)

GEVA registration is MANDATORY and must be done PRIOR to tryouts.

Print extra if trying out for other clubs.

- Dress comfortably and ready to play your best. Attending both tryout sessions is recommended.

By signing below, I give my child permission to participate in the BAYSIDE VOLLEYBALL CLUB tryouts. I also certify that I am the legal parent and/or guardian of my child. I, the undersigned, hereby release and forever discharge BAYSIDE VOLLEYBALL CLUB from any and all claims for damages, including personal loss, damages or injury to my child. I recognize the challenges of the sport of volleyball in which I have chosen to allow my child to participate and I assume all risks of personal injury or death in connection therewith. I attest that my child is sufficiently physically fit to participate safely therein, and I have not been advised otherwise by a qualified medical doctor. BAYSIDE VOLLEYBALL CLUB retains the rights to any photographs or videos taken at the facility to be used for publicity or advertising. I hereby authorize first aid and/or medical treatment or surgery deemed necessary for my child in

case of emergency. I understand that I am responsible for any charges incurred form medical treatment of my child.

_____	_____	_____
Parent / Guardian's Name (PRINT)	Parent / Guardian's Signature	
Date		