Eastern Elite 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:

Position: ___Outside _____Opposite _____Setter _____Middle ___Defensive Specialist

__Right Handed
__Left Handed

What team(s) are you interested in playing on:

_____ National Team (13-18) _____ 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?

What other extra curricular activities (other sports, clubs, dance, choir, etc.) are you involved in during November-June?

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

Is there any other information that you would like us to know?

PARENT INFORMATION:

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