

PLAYER INFORMATION:			
Date of Birth:		Birth:	
Cell Number: Age:			
LAYER Email:		T-Shirt Size:	
Mailing Address:			
School:VarsityJr VarsityMiddle School	Graduation Year:	Grade:	
Position: Outside / Opposite / Setter / Middle / Libero /	Defensive Spec	ialist	
Have you played club volleyball before? Yes / No If yes, when did you play and what club did you play fo	r?		
What other extra curricular activities (other sports, clubs, dance, choir, etc) are you involved in during	November-April?		
Eastern Elite players are expected to attend every tournament their team is scheduled for. Please rem and missing even one player can jeopardize the entire team in tournament play. Are there any con f attending every tournament?	2	-	
Yes (please explain on back of form and include confl	lict dates)	_No	
Attendance at practice is very important for athletes to get the maximum benefit of the Eastern Elite p both learned and polished. Therefore, those not in attendance will miss out on the repetitions necessa practice not only hinders the individual player, but missing practice also delays the development of the conflicts that will prevent you from attending practices?	ry to improve their sk	ills. Missing	
Yes (please explain on back of form and include confl	lict dates)	_ No	
Is there any other information that you would like us to know?			
PARENT INFORMATION:			
Name:	Cell Number:		
Mailing Address:			
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 her Volleyball, DM Price Limited Family Partnership, and all officers, administrators, official agents, employees, coaches, staff, volunteers and other representatives from organizations listed a 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 pub assistance for the above names player should staff deem necessary. If medical treatment is required, I understand that I am responsible for any charges incurred from medical treatment of	bove from all claims on account of any in licity or advertising. I give Eastern Elite	njuries or illnesses which may permission to seek medical	
participate in the above program selected.			