**Atomic! VBC Registration Form - 2018**

Tryout Fee: $60 **($40 if received prior to sign-ups**)

Mail this form, Medical Form and $150 deposit (includes $40 try-out fee). Make check payable to Atomic! Volleyball.

Address: **Atomic! Volleyball Club,** PO BOX 1381, Southgate, MI 48195

**Program?(circle) WINTER or SPRING**

Check one: (**ATHLETE’s AGE on 9/1/17**)

**12u 13u/14u 15u/16u 17u/18u**

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_

Adult Shirt Size \_\_\_\_\_ Spandex \_\_\_\_ Sweatshirt \_\_\_\_

Home Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Uniform #\_\_\_or\_\_\_ Cell Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

birthdate: \_\_- \_\_- \_\_ School enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ HS Grad Yr \_\_\_\_

Parent email (print neat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the staff of the Atomic! VBC to act on my behalf according to their best judgment in any emergency requiring medical attention if I cannot be reached. I, further, waive and release the Atomic! VBC and its staff from any and all liability for the injuries or illnesses incurred while involved in this program. I have no knowledge of any physical impairment that would keep the above named athlete from full participation in this program.

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **\_\_\_\_\_\_\_\_\_\_**

WINTER Tryouts:

Sign-ups/Phy. Test: 11/8/17 @ Brownstown Sports Center; 13u-16u 7:00-8:30p

Skill Test: 11/15/17 @ Brownstown Sports Center; 13u-14u 6-8p; 15u-18u 8-10p

\*\*12u No tryout necessary!!\*\*

SPRING Tryouts:

Sign-ups/Phy. Test: TBA @ Brownstown Sports Center 13u-17u 7:00-8:30p

Skill Test: TBA @ Brownstown Sports Center; 13u-14u 2-4p; 15u-17u 4-6p

\*\*12u No tryout necessary!!\*\*