Eastern Elite Tryout Registration Form

| PLAYER INFORMATION: | | | | |
|--|---|--|--|---|
| Name: | | | Date of Birth: | |
| AYER Cell Number: | | Age: | | |
| PLAYER Email: | | T-Shirt Size: | | |
| Mailing Address: | | | | |
| School: Varsity | Jr Varsity Middle School | Graduation Year: Grade: | | Grade: |
| Position: Outside / Opposite / Setter / Middle | e / Libero / Defensive S | Specialist | | Right Handed Left Handed |
| Have you played club volleyball before? Yes / No If yes, when | did you play and what club did you play fo | or? | | |
| What other extra curricular activities (other sports, clubs, dance, ch | oir, etc) are you involved in during | g November-Ju | ıne? | |
| Attendance at practice is very important for athletes to get the maxi learned and polished. Therefore, those not in attendance will miss only hinders the individual player, but missing practice also delays the prevent you from attending practices? | ent play. Are there any conflict our website) n on back of form and include conf mum benefit of the Eastern Elite p out on the repetitions necessary to | s that will p lict dates) program. Prace improve thein. Are there | revent you No tice is where r skills. Miss | skills are both ing practice not cts that will |
| 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 le DM Price Limited Family Partnership, Wayne County Public Schools and all officers, administrators, official agents, employee which may be sustained by my/our athlete while attending an Eastern Elite event. If we understand Eastern Elite retains the in assistance for the above names player should staff deem necessary. If medical treatment is required, I understand that I am above program selected. | s, coaches, staff, volunteers and other representatives from orgights to any photographs or videos taken at the facility to be use | panizations listed above freed for publicity or advertise | om all claims on accour ing. I give Eastern Elite | nt of any injuries or illnesses e permission to seek medical |
| Parent/Guardian's Name (PRINT) | Parent/Guardian's Signature | | | Date |