



Tryout Dates & Times by Team  
 U11/12: 10/26 from 12:15-1:45pm  
 U13: 10/26 from 2:00-4:00pm  
 U14: 10/26 from 2:00-4:00pm  
 U15: 11/24 from 12:00-2:00pm  
 U16: 11/24 from 2:30-4:30pm  
 U17/18: 11/24 from 2:30-4:30pm

**Maple View Middle School:**  
 18200 SE 240th St, Covington, WA 98042  
 \* Register 15 min before Tryout.\*  
 \*Cost is \$20. Non-refundable.

**TRYOUT REGISTRATION FORM**

**> ATHLETE INFO <**

Select Tryout Team: U11/12\_\_\_ U13\_\_\_ U14\_\_\_ U15\_\_\_ U16\_\_\_ U17/18\_\_\_

Player Name: \_\_\_\_\_ Height: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

*Who should we contact if we need to reach you about tryouts?*

Ph #: \_\_\_\_\_

Email: \_\_\_\_\_

**> ATHLETE EXPERIENCE <**

*Where did you play last year / position?* \_\_\_\_\_ *List*

*1-2 goals for this season.* \_\_\_\_\_

*What do you want to improve?* \_\_\_\_\_

*One interesting fact about yourself?* \_\_\_\_\_

*> For the upcoming season, please label top two preferred positions: (1st, 2nd)*

Outside\_\_\_ Middle\_\_\_ Opposite\_\_\_ Libero/DS\_\_\_ Setter\_\_\_

*> Please list any other school or club sports you will be actively participating in during the 2019/2020 season:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIABILITY RELEASE**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Boost Volleyball Club, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I give permission for my daughter to fully participate in the tryouts for BOOST Volleyball Club.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_