

Tryout Date: _____

OVR#: _____

Tryout Number: _____

Offered Bid: _____

Accepted Bid: _____

Declined Bid: _____

Athlete's Name: _____

Tryout No.: _____

OVR Membership No.:

| Tryout: | Date: |
|-------------------------------------|-------------------------------------|
| Boys #1 | |
| Jr High #2 | |
| High School #3 | |
| Grade / Age Group | TRYOUTS ARE BY GRADE LEVEL |
| <input type="checkbox"/> 6th / 12U | <input type="checkbox"/> 7th / 13U |
| <input type="checkbox"/> 8th / 14U | <input type="checkbox"/> 9th / 15U |
| <input type="checkbox"/> 10th / 16U | <input type="checkbox"/> 11th / 17U |
| <input type="checkbox"/> 12th / 18U | <input type="checkbox"/> 4th & 5th |

| Preferred / Will Play? | Level of Play |
|-----------------------------------|---|
| <input type="checkbox"/> REGIONAL | Regional American Elite / National <i>[Extensive Travel & more Expense]</i> |
| <input type="checkbox"/> AMERICAN | |
| <input type="checkbox"/> ELITE | |

Dominant Hand: RIGHT LEFT

Check Size **Check Youth or Adult**

Shorts/Span XS SM MD LG XL XXL Adult Youth

Jersey Size: XS SM MD LG XL XXL Adult Youth

T-Shirt Size: XS SM MD LG XL XXL Adult Youth

Hoodie Size: XS SM MD LG XL XXL Adult Youth

Sweat Pants XS SM MD LG XL XXL Adult Youth

Jersey Number Preference:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Picture Taken: _____

YES / NO

Athlete's Height: _____ Inches

Standing Reach: _____ Inches

Block Reach: _____ Inches

Approach Reach: _____ Inches

Wing Span: _____ Inches

Sprint: 30/30 _____

Why do you play Junior Olympics Volleyball?

[Check the appropriate box, if it's more than then two, then rank them in your priority 1-2-3-4]

To improve for High School Volleyball Improve Rank _____

To be recruited for College Volleyball Recruiting Rank _____

For the love of the sport of Volleyball Love VB Rank _____

Other: _____ Other Rank _____

Please provide the club with the following information to assist in the tryout process.

Athlete's Name: _____ **School District:** _____

Graduation Year: _____ **School:** _____

Athlete's Age: _____ (At time of Tryouts) **Grade** _____

Athlete's Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent's Name: _____
(Mother & Father)

Parent's Address : _____

Parent's Address : _____ (if different from Athletes)

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Mother Cell:** _____ **Father Cell:** _____

Whom does the Athlete Live with? MOTHER FATHER BOTH **Athlete's Cell:** _____

Parents E-mail Address: _____

Athlete's E-mail Address _____

If you as an athlete; do not make the first round of tryouts, would they be interested in a call back? YES NO

If the athlete's skills warrant being moved up an age group, Would the Athlete be willing to move up? YES NO

THIS SECTION MUST BE COMPLETED

2018-2019 Season

USA VOLLEYBALL JUNIOR PLAYER AGE DEFINITION

For use during the 2018-2019 Season : USAV Age Definition

Once a player participates (including but not limited to practicing, training, attending workouts and/or competing) in a club or varsity program for any university, college, community college, or junior college, he/she is ineligible to take part in any regional and national programming, which includes but is not limited to national JNC qualifying and championship events.

| 18 and Under Division: | Circle Grade | Mark Box your Birth Date falls | Enter your Birth Date on the line Provided |
|--|--------------|-------------------------------------|--|
| Players who were born on or after September 1, 2000 or Players who were born on or after September 1, 1998 and a high school student in the twelfth (12th) grade or below during some part of the current academic year | 12th | <input type="checkbox"/> 18 & Under | _____ |
| 17 and Under Division: Players who were born on or after September 1, 2001 | 11th | <input type="checkbox"/> 17 & Under | _____ |
| 16 and Under Division: Players who were born on or after September 1, 2002 | 10th | <input type="checkbox"/> 16 & Under | _____ |
| 15 and Under Division: Players who were born on or after September 1, 2003 | 9th | <input type="checkbox"/> 15 & Under | _____ |
| 14 and Under Division: Players who were born on or after September 1, 2004 | 8th | <input type="checkbox"/> 14 & Under | _____ |
| 13 and Under Division: Players who were born on or after September 1, 2005 | 7th | <input type="checkbox"/> 13 & Under | _____ |
| 12 and Under Division: Players who were born on or after September 1, 2006 | 6th | <input type="checkbox"/> 12 & Under | _____ |

Athlete's Volleyball Experience?

Years playing Junior Olympics _____ Club Name _____

Years playing High School Varsity _____ School Name _____

Years playing HS Jr Varsity/Freshman _____ School Name _____

Years playing Middle School _____ School Name _____

Current School Coach _____

Clinics & Camps Attended _____

Personal Volleyball Awards & Honors _____

Other Information about Athlete:

Beginner: Beginner **Limited Beginner Play:** Limited Play

Position Played Defensive Specialist Outside Hitter Left Middle Hitter/Blocker Outside Hitter Right Libero Setter

Positions Played? Defensive Specialist Outside Hitter Left Middle Hitter/Blocker Outside Hitter Right Libero Setter

Desired Position? Defensive Specialist Outside Hitter Left Middle Hitter/Blocker Outside Hitter Right Libero Setter

Academic Information: **G.P.A.:** _____

Academic Honors: _____

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Is the player involved in any other sports, extracurricular or school activity that will conflict with CEV?

Jr Hi/HS Athletes-Does the player attend the School Dances/Prom? If so Do you know the Date(s)?

Jr Hi/HS Athletes-Does the Player have any scheduled school/family trips? If so, what is the date(s)?

Jr Hi/HS Athletes-Does the Player have band/choir activities that might interfere? If so, what is the date?

Jr Hi Athletes-Does the Player attend religion event/ confirmation classes? If so, what is the date(s)?

School Coach Requests: *Ask your School Coach what she/he would like you to work on, position, skills, etc*

Personal Requests: *What do you want to accomplish during JO season? Your personal Goals? Want to Learn?*

Personal Strengths: *What are your strenghts as a volleyball player?*

Personal Weaknesses: *What are your weaknesses as a volleyball player and want to improve upon?*

Participant Waiver

I, _____, the parent or legal guardian of _____, a voluntary participant in this program sponsored by the City of Massillon, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of my child. I hereby agree to assume such risk of injury. I further agree to indemnify and hold harmless the City of Massillon, their administrators, employees or agents against any claim for injury to persons or property which mat result from my child's participation in this activity. Finally, I agree that my child shall abide by the rules and supervision of the Massillon Parks and Recreation Department.

Signature of Parent or Legal Guardian: _____

Date: _____