



Tryout Registration Form



PLAYER INFORMATION:

Name:	Date of Birth:
PLAYER Cell Number:	Age:
PLAYER Email:	T-Shirt Size:

School: ____ Varsity ____ Jr Varsity ____ Middle School	Graduation Year:	Grade:
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Position: ____ Outside ____ Opposite ____ Setter ____ Middle ____ Defensive Specialist	____ Right Handed ____ Left Handed
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What team(s) are you interested in playing on: ____ National Team (15-18) ____ Regional Plus Team (14-18) ____ Regional Team (11-14)

Have you played club volleyball before? Yes / No If yes, when did you play and what club did you play for?
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What other extra curricular activities (other sports, clubs, dance, choir, etc.) are you involved in during November-June?
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Eastern Elite athletes are expected to attend all tournaments scheduled for their team. Volleyball is a TEAM sport, and the absence of even one player can significantly impact the team's performance during competition. Are there any known conflicts that would prevent you from attending any of the scheduled tournaments? (The tournament schedule is available on our website.) ____ Yes (please explain on back of form and include conflict dates) ____ No

Consistent attendance at practice is essential for athletes to gain the full benefit of the Eastern Elite program. Practice is where skills are developed, refined, and reinforced through repetition. Missing practice not only limits an individual player's progress, but it can also slow the overall development of the team. Do you have any known conflicts that would prevent you from attending practices? ____ Yes (please explain on back of form and include conflict dates) ____ No

Is there any other information that you would like us to know?
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PARENT INFORMATION:

*please print neatly as this is who we will contact with team placement offer

Name:	Cell Number:
Email:	
Emergency Contact:	Cell Number:

By signing below, I grant permission for my child (listed above) to participate in Eastern Elite Tryouts. I confirm that I am the legal parent and/or guardian of the child named above. I/we hereby release USA Volleyball, Eastern Elite Volleyball, the Carolina Region Volleyball, and all associated officers, administrators, official agents, employees, coaches, staff, volunteers, and representatives from any and all claims related to injuries or illnesses that may occur while my/our athlete is participating in an Eastern Elite event. I/we understand that Eastern Elite reserves the right to use photographs or video taken at the facility for publicity or promotional purposes. I give Eastern Elite permission to seek medical attention for my child if deemed necessary by the staff. Should medical treatment be required, I understand that I am financially responsible for any associated costs. I/we also confirm that my/our athlete is in good health and medically fit to participate in the selected program.

Parent/Guardian's Name (PRINT)	Parent/Guardian's Signature	Date
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please do not write in this space