



2009/2010 Tryout Registration Form

Player Name: _____

Parent/Guardian Name(s): _____

Player Date of Birth: _____ **Age on August 31st, 2010:** _____

Address: _____

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

Phone: _____ **Alternate Phone (Cell):** _____

Email Address (please print clearly): _____

Additional Email Address: _____

School: _____ **Grade:** _____

Height: _____ **Positions Played (check all that apply):** OH MB OPP DS L S

Volleyball Experience:

Would you like to be added to the VBVBA email distribution list to receive updates on clinics, news, tryouts and anything associated with VBVBA? (Check one): YES NO

If Yes, please list any additional email addresses you would like communication sent to other than the email address list above.

****Please attach a copy of the players USAV registration card to this form and turn in at tryouts.**
****Try-out fee is \$40.00******

I/we hereby authorize the staff of Virginia Beach Volleyball Academy to act for the applicant according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. In consideration of VBVBA permitting me to associate myself with the clinic/tryout, I/we acknowledge that I/we have had the opportunity to determine the nature of the activity and the manner in which it will be conducted, or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release Virginia Beach Volleyball Academy, the commissioners, their coaches and volunteers, from all liability of any kind or nature, whether caused in any way by the negligence of the release parties or not, arising from the applicant's participation in the clinic/tryout or presence on the clinic/tryout premises.

I/we hereby understand that Virginia Beach Volleyball Academy has the right to videotape and take photos of all players attending these tryouts. In doing so I/we understand and consent that such videos and pictures can be used for publications and promotions created by Virginia Beach Volleyball Academy as the club sees fit. I/we further understand that Virginia Beach Volleyball Academy will not be held liable for reproduction of such videos/photos or use of such videos/photos outside of Virginia Beach Volleyball Academy.

Athlete Signature _____ **Date** ____/____/____

Parent/Guardian Name _____

Parent/Guardian Signature: _____ **Date** ____/____/____

For Office Use Only:

Payment Type: Check Cash Credit Card **Check#/Conf.#:** _____

Receipt Number: _____

USAV Registered? YES or NO

Age Group: 12 13 14 15 16 17 18

Tryout#: _____