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For Actyve Use:

Age Division:

Tryout #:

Tryout Registration

Please fill out form completely. All players should bring 1 copy of the form to tryouts. \$45 payment can be made by credit card online at registration or venmo @actyvevolleyball. ***Please circle the best phone number below for the coach to contact you regarding team placement.***

Player Information:

Player Name: _____

Parent Name: _____

Player Cell: _____

Parent Cell Phone: _____

School: _____

Parent Email: _____

Grade: _____

Player Birthday: _____

Desired Position(s): _____

Previous Club: _____

I hereby authorize the staff of Actyve Volleyball to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Actyve Volleyball and its staff from any liability for injuries or illness to my child while participating in any clinics and or tryouts.

Parent Signature _____

Date _____

For Actyve Use Only: