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For Active Use:

Age Division:

Tryout #:

Tryout Registration

Please fill out form completely. All players should bring 2 copies of the form to tryouts. \$40 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: _____

Player Home Phone: _____

Date of Birth: _____

Player Cell Phone: _____

School: _____

Player Email: _____

Grade: _____

Address: _____

Desired Position(s): _____

City/State/Zip: _____

Height: _____

Prior Club: _____

Parent/Guardian Information:

Parent/Guardian (1) Name: _____

Parent/Guardian (2) Name: _____

Parent/Guardian (1) Cell Phone: _____

Parent/Guardian (2) Cell Phone: _____

Parent/Guardian (1) Email: _____

Parent/Guardian (2) Email: _____

I hereby authorize the staff of Active Volleyball to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Active 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 _____