



## Tryout Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Sport: Varsity Volleyball

### **TRYOUTS WILL BE HELD:**

**Day & Date: Monday June 8<sup>th</sup> & Wed June 10<sup>th</sup> from 2:30 to 4:30 in the Parish Center**

Coach in Charge: Barb O'Rourke

Team Membership: 7<sup>th</sup> & 8<sup>th</sup> Grade Girls Next Fall

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Approved by Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Meets eligibility standards: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, reason: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit tryout application to Mr. Hoover (Athletic Director) by June 5<sup>th</sup>**

**PLEASE MAKE SURE PHYSICAL IS UPDATED WITH MRS. DAVIS OR STUDENT WILL NOT BE ALLOWED TO TRYOUT.**