

# Club Kalani

Player Tryout Form

Fee \$30.00

**Players must register with the NCVA prior to coming to Tryout.  
Please bring a copy of NCVA Tryout Pass or Full Membership to the Tryout.**

Photo

Tryout # \_\_\_\_\_ Age Group: \_\_\_\_\_

*Note: Your age group is how old you are between 9/1/2015 - 8/31/2016*

NCVA Registration: \_\_\_\_\_ Tryout \_\_\_\_ Full Membership \_\_\_\_

Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Player's Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ School Attending: \_\_\_\_\_

Years Played: \_\_\_\_\_ School: \_\_\_\_\_ Club: \_\_\_\_\_ Position: \_\_\_\_\_

Club Team Last Season: \_\_\_\_\_ Played for Club Kalani in the past? Yes \_\_\_\_ No \_\_\_\_

How many years? \_\_\_\_\_

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Email

Existing Medical Condition: \_\_\_\_\_ Medications Taken: \_\_\_\_\_

PARENT'S PERMISSION: I give full permission for my daughter/son to participate and instruct my daughter/son to cooperate and follow the guidelines, directions, and instructions set forth by the coaching staff.

MEDICAL RELEASE FORM: I certify that my daughter/son is physically fit to engage in strenuous sports/physical activity and she/he is fully covered by medical insurance. I agree to inform the staff of my daughter's/son's restrictive pre-medical conditions and/or medication.

EMERGENCY FORM: I hereby authorize the staff of Club Kalani to act for me according to their best judgment, in any emergency requiring any medical attention to seek medical treatment necessary. I hereby waive and release the staff of Club Kalani and the attending physician from any liability.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Club Kalani Staff Only

Comments \_\_\_\_\_

Team Assigned \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

| Height | Approach | Block | Reach | Hand (L/R) | Position |
|--------|----------|-------|-------|------------|----------|
|        |          |       |       |            |          |