VIPER Volleyball 2015-2016 VOLLEYBALL TRYOUT INFORMATION SHEET

Age Group you are trying out for DATI	E OF TRYOUT
Circle one Elite Travel Limited Travel Training Te	am Local Team Youth/TinyTot
PLAYERS FULL NAME	DOB
PREFERRED NAME	SIZE T-SHIRT(ADULT SIZES)
PRIMARY ADDRESS	HOME PHONE#
	PLAYER CELL#
MOTHERS NAME CELI	# WORK#
FATHERS NAME CELI	# WORK#
PRIMARY PLAYERS E-MAIL ADDRESS	
MOTHERS E-MAIL ADDRESS	FATHERS E-MAIL(IF DIFFERENT THAN PRIMARY)
SCHOOL PLAYER ATTENDS	PLAYER'S GRADUATION YEAR
CURRENT GRADE DO YOU PLAY SCH	IOOL SPORTS? WHICH ONES?
ARE YOU RIGHT OR LEFT HANDEDHEIG	EHT
Preferred JERSEY#	
WHAT POSITION DO YOU PLAY IN SCHOOL VOLLE	YBALL?
WHAT POSITION DO YOU PLAY IN CLUB VOLLEYB	ALL?
DO YOU HOLD ANY VOLLEYBALL CERTIFICATIONS (REFEREE/SCORE)?	
I verify that my child is physically able to participate in the hereby release VIPER Volleyball, its coaches and all staff n and damages which may be sustained by my child during th administer first aid and adequate medical care in the event of	nember from all claims on account of any loss, injuries
Name (Print):	
Signature:	Date:
\$50 Tryout Fee if received in advance. If paid at the door f	ee is \$60. See our website if you would like to pay by credit card.
Paid by: Cash Check Number	
PLEASE MAIL FORM AND PAYMENT TO THE FOLLOREGISTERED. THIS FORM MUST BE FILLED OUT P	OWING NO LATER THAN OCTOBER 13 OR RSVP TO BE PRE- RIOR TO ANY ATHLETE TRYING OUT.
TRYOUTS ARE REQUIRED FOR ALL TEAMS AND PL	AYERS.
PLEASE MAKE CHECKS OUT TO VIPER Training.	

VIPER Training 1260 Braystone Trail COLLIERVILLE, TN 38017