



Age Division \_\_\_\_\_ Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

\$20 Tryout Fee ☐ Cash ☐ Check # \_\_\_\_\_Player Status: ☐ Returning to SBVBC ☐ New Player

## PLAYER CONTACT INFORMATION

Player full name: \_\_\_\_\_

Player's email: \_\_\_\_\_ Player's cellphone: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Player's city, state & zip: \_\_\_\_\_

Players Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

School Grade: \_\_\_\_\_ Graduation year: \_\_\_\_\_

## PARENT / GUARDIAN CONTACT INFORMATION

## PRIMARY CONTACT:

Primary Contact Name: \_\_\_\_\_

Primary email address: \_\_\_\_\_

Primary Cellphone #: \_\_\_\_\_

## SECONDARY CONTACT:

Secondary Contact Name: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

Secondary Cellphone #: \_\_\_\_\_

My son/daughter [named above] has my permission to try out and/or participate in Seal Beach Volleyball Club events. I understand that Seal Beach Volleyball Club is an organization of competitive youth sport teams and that Seal Beach Volleyball Club [in its sole judgment] may or may not invite my son/daughter to participate on one of its teams or events. I understand that as my son/daughter's parent/guardian, I have the ability to accept or decline an invitation, should one be extended to my child. If I accept an invitation for my child to participate with Seal Beach Volleyball Club, I understand that there are many mandatory Seal Beach Volleyball Club activities that my child must participate in and that there are associated costs that I will be responsible to pay. I understand that acceptance to join a Seal Beach Volleyball club team constitutes acceptance of the responsibilities for both participation and payment.

**Waiver and Release:** I hereby indemnify, defend and hold harmless Seal Beach Volleyball Club, [SBVBC, Inc.] and its owners, officers, agents, volunteers and coaches from any and all claims arising out of injury, accidents or illness to my child - named above, while participating in any club clinics, tryouts, training, practices, tournaments, Club events and activities as well as travel associated with Club activities. I authorized the Club to act for me according to their best judgment in any emergency or other situations related to Club activities requiring medical attention or discipline. My signature below constitutes consent to the applicability of the two preceding paragraphs for the duration of my child's participation with Seal Beach Volleyball Club.

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

## COACHES WILL COMPLETE THIS SECTION

TRYOUT DATE: \_\_\_\_\_ STANDING REACH [2H]: \_\_\_\_\_ in. BLOCK JUMP [2H]: \_\_\_\_\_ in.

BLOCK \_\_\_\_\_ APPROACH \_\_\_\_\_ APPROACH \_\_\_\_\_ SHUTTLE \_\_\_\_\_

VERTICAL: \_\_\_\_\_ in. JUMP [1H] \_\_\_\_\_ in. VERTICAL \_\_\_\_\_ in. RUN: \_\_\_\_\_ sec.

PASSING: \_\_\_\_\_ SETTING: \_\_\_\_\_ SERVING: \_\_\_\_\_ HITTING: \_\_\_\_\_ PLAY: \_\_\_\_\_

TRYOUT AGE GROUP SKILL LEVEL: \_\_\_\_\_ VERBAL COMMITMENT: \_\_\_\_\_ INITIAL TEAM PLACEMENT: \_\_\_\_\_

Commitment & Deposit Date: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

☐ Cash ☐ Chk # \_\_\_\_\_ ☐ Credit Card