



Office Use Only

Age Division _____
Tryout # _____

**Player Information**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade \_\_\_\_\_

Prior Club: \_\_\_\_\_ Years of Experience \_\_\_\_\_

Desired Position(s) \_\_\_\_\_ Dominant Hand \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian 1 Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the staff of Culver City Volleyball Club to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release Culver City Volleyball Club and its staff from any liability for injuries or illness to my child while participating in any clinics, practice and or tryouts.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If paying by Venmo or Zelle, please let us know who the transaction is from if name is different than the player's last name \_\_\_\_\_

**Office Use Only: Cash** \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Venmo** \_\_\_\_\_ **Zelle** \_\_\_\_\_

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