



Maverick Volleyball Club
2018-19 Club Tryout Registration Form

PLAYER INFORMATION

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Player's Cell Phone _____

Player's Email: _____ **Grade:** _____

BirthDate: _____

PARENTS' INFORMATION

Mother/Legal Guardian Name _____

Mother's Email Address _____

Preferred Contact Phone ☐ Home () - ☐ Cell () - ☐ Other () -

Father/Legal Guardian Name _____

Father's Email Address _____

Preferred Contact Phone ☐ Home () - ☐ Cell () - ☐ Other () -

EMERGENCY CONTACTS

In case of emergency, please contact:

Name _____ Phone () - Relationship to player _____

CONSENT FOR PLAYER TO PARTICIPATE AT TRYOUT DAY/ LIABILITY WAIVER ACKNOWLEDGMENT

Signature of Parent or Legal Guardian

Date

PAYMENT INFORMATION

Tryout Fee: ☐ \$50 per player

Pay by C/C Online	Pay by Cash <i>In person only</i>	TRYOUT NUMBER / by Staff Only
If payment was made online using early-registration, get confirmation from staff prior to tryout	Please do not mail cash	