



Name: \_\_\_\_\_ Age Level Trying Out For: \_\_\_\_\_

\_\_\_\_\_ I am trying out for BOTH teams (RED/WHITE) at this age group

\_\_\_\_\_ I am ONLY trying out for the RED team

\_\_\_\_\_ I am ONLY trying out for the WHITE team

Player Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please provide an email address where our staff can reach you after tryouts for team offers.

Parent Email Address: \_\_\_\_\_

Player Email Address: \_\_\_\_\_

☐ I wish to be placed onto Atlantic Valley Volleyball Club's Email Distribution List and receive emails regarding club activities.