



VA JUNIORS TRYOUT REGISTRATION FORM

Please bring the following with you to the VA Juniors Tryout

1. VA Juniors Tryout Registration Form (This)
2. USAV Medical Release Form

Player Name _____	Player Date of Birth _____
Player Email _____	Player Cell Phone _____
Parent/Guardian Name(s) _____	
Home Phone _____	Parent/Guardian Cell Phone _____
Parent(s) Email _____	

USAV/CHRVA Membership # _____	Club Age Group _____
Previous Club Team(s) _____	Years of Club Experience _____
Position(s) played: [] DS/Libero [] Outside Hitter [] Middle Hitter [] Opposite [] Setter	

I hereby certify this player is physically able to participate in all activities. I assume the risks of participating in these activities. I WAIVE, RELEASE and DISCHARGE from any and all claims or liabilities for death, personal injury, or damages of any kind, the following: VA Juniors LLC, coaches, staff, representatives, agents, officers and directors; and any and all tryout and practice facilities. If, during the course of my daughter's activities in this tryout, she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume full financial responsibility for the bills incurred. I certify that the participant has full medical insurance. I certify all information is true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

FOR OFFICIAL USE ONLY

USAV Age Group _____

Tryout Number _____