



# VANTAGE VOLLEYBALL

[www.vantagevolleyball.com](http://www.vantagevolleyball.com)

Vantage Volleyball  
2300 MacCorkle Avenue, SE  
Charleston, WV 25304  
[vantagevolleyball@gmail.com](mailto:vantagevolleyball@gmail.com)

OVR Member ID: \_\_\_\_\_

## Tryout Profile 2020/2021

Athlete's name: \_\_\_\_\_

Parent's or Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Player Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Player E-mail: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

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

Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age group: U10 U11 U12 U13 U14 U15 U16 U17 U18

Position: \_\_\_\_\_ (played last club season)

Position: \_\_\_\_\_ (played in school)

School team: \_\_\_\_\_ (MS, Fresh, JV, Varsity)

Height: \_\_\_\_\_

**WAIVER: The coaches and instructors of the Vantage Volleyball, LLC are safety conscious and follow safety procedures as prescribed by USA Volleyball. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to strength and conditioning, and volleyball. I am intending to be legally bound, waive and release Vantage Volleyball, its officers, directors, shareholders, employees, contractors and volunteers of any and all responsibility for any injury or illness. In the event of an injury, every effort will be made to contact parents or guardians. If necessary, I authorize the staff of Vantage Volleyball, LLC, its partners and affiliates to administer any minor first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of strength and conditioning and volleyball. This agreement extends to my heirs or executors who may act on my behalf. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Vantage Volleyball, LLC publicity or advertising.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature & Date  
PARENT CONSENT AND WAIVER OF RESPONSIBILITY