



Name: _____ Current Age: _____ DOB _____

School: _____ Position _____ E-Mail _____

Home #: _____ Cell #: _____

(we will be calling these #'s to notify girls that make our teams)

Power Premier Age Group: 18 17 16 15 14 13 12 (See age chart below)
(circle one)

USA VOLLEYBALL JUNIOR PLAYER AGE DEFINITION									
For use during the 2025-2026 Season									
To determine the correct age division, please find the Month of Birth in the left column and then the year of birth in the same row. The heading of the column matching the Year of Birth is the correct age bracket.									
Birth Month	18 & Under	17 & Under	16 & Under	15 & Under	14 & Under	13 & Under	12 & Under	11 & Under	10 & Under
July	2007	2008	2009	2010	2011	2012	2013	2014	2015
Aug	2007	2008	2009	2010	2011	2012	2013	2014	2015
Sept	2007	2008	2009	2010	2011	2012	2013	2014	2015
Oct	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nov	2007	2008	2009	2010	2011	2012	2013	2014	2015
Dec	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan	2008	2009	2010	2011	2012	2013	2014	2015	2016
Feb	2008	2009	2010	2011	2012	2013	2014	2015	2016
Mar	2008	2009	2010	2011	2012	2013	2014	2015	2016
Apr	2008	2009	2010	2011	2012	2013	2014	2015	2016
May	2008	2009	2010	2011	2012	2013	2014	2015	2016
June	2008	2009	2010	2011	2012	2013	2014	2015	2016
USAV exceptions: - Players who were born on or after July 1, 2006 and a high school student in the 12th grade or below during some part of the current academic year are eligible to compete in 18 & under. - Female Only - Players who were born on or after July 1, 2007, (who are defined as 18 & under by the USAV Age Definition) and are in the 11th grade for the current academic year are waived to compete in 17 & under. (This age waiver is based on recruiting concerns for 11th grade girls previously required to participate in girls 18's qualifiers and the 18's GJNC.)									
NOTES: USA Volleyball Age Eligibility (by birth month and year) - USAV age is, by definition, the age of the athlete on JULY 1ST OF 2025.									

Tryout Fee: \$50.00 Please make checks payable to SPVC

**REGISTRATION FORM FOR
Girls Volleyball—Club Tryouts 2025-26**

Players Name: _____ Date of Birth: ____ / ____ / ____
School Name: _____ Grade: _____
Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Primary Phone #: _____ Secondary Phone #: _____
Email Address: _____

Sac Performance Volleyball Club

4334 Zephyr Way Sacramento, CA 95821 • (916) 606-6590

GIRLS VOLLEYBALL—CLUB TRYOUTS 2025-26

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above entity to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above entity (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age).

I hereby consent that my son/daughter _____ to participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

PHOTO RELEASE: By signing this agreement, you are agreeing to release photo rights to Sac Performance Volleyball Club. Sac Performance Volleyball Club reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Sac Performance Volleyball Club.

Signature: _____ Date: _____
Name (Printed): _____ ☐ Parent ☐ Guardian

I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Sac Performance Volleyball Club and I sign it of my own free will.

Signature: _____ Date: _____
Name (Printed): _____ ☐ Parent ☐ Guardian