

2017-2018 TRYOUT REGISTRATION FORM



NOTE: In order to complete this registration, one must be 18 years of age or older. Otherwise, a parent/guardian must complete this form on the athlete's behalf.

Name: _____

Player Email: _____

School Grade: 6 7 8 9 10 11 12 (circle one)

Volleyball Skill Level: Beginner Intermediate Advanced Not Sure (circle one)

Telephone Number: _____

Gender: Male Female

Date of Birth: MM/DD/YYYY _____

Player Address: _____ Postal Code: _____

T-shirt Size: Youth L Adult S M L XL XXL (circle one)

Parent 1 Name: _____ Check if main Emergency Contact

Parent 1 Email: _____

Parent 1 Number: _____

Parent 2 Name: _____ Check if main Emergency Contact

Parent 2 Email: _____

Parent 2 Number: _____

Level Choice*

Competitive Only _____
(Lesser time commitment)

HP or Comp _____
(Coaches will stream me according to skill level & position availability, but I retain the right to drop to the competitive stream at any time)

Special Considerations

**All players must attend the first sessions of their age level by birth year for initial assessment and must be release by the evaluating committee to tryout for a team at a level up or at a level down at the next tryout session.*

I would like to play up a level _____

I would like to play down a level _____
(I am born between September 1st and Dec 31st)

Reasons to play up or down a level:

Waiver

I, (or the Parent/Guardian of the above named participant if under 18) acknowledge that there are potential risks in physical activity programs. I assume those risks and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release and agree to save harmless the Maverick Volleyball Club and it's officers, members or agents from claims for loss, injury or damage to persons and property while participating in this program or traveling to and from this program.

I understand that the Maverick Volleyball Club gathers personal information about their participants, including name, address, email, telephone number, gender, date of birth and other information to help in the administration of their programs. This information is for the purpose of communications from the Maverick Volleyball Club with regard to programs, events, promotions and sponsorships.

I understand that the Maverick Volleyball Club have the right to take photographs, videotape, or digital recordings of me at their programs, to be used in any and all media. I am aware that, by giving consent, I am permitting the participant's name and image to be posted on the web, provided to the media, and used in publications which can be viewed by anyone who accesses these websites, external media, or publications. I understand that I may withdraw my consent to the collection, use or disclosure of my personal information at any time by contacting the MVC Privacy Officer (info@maverickvolleyball.ca).

I have read and agree to the above: (circle one) YES NO Parents initials: _____

NOTE: A \$40 fee and the OVA Tryout Form (Informed consent and assumption of risk agreement) must be completed and handed with this form in order to participate in any Maverick Volleyball Club tryout.

CLUB ADMIN USE ONLY	tryout #	cash or cheque# _____
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