

Cleveland Volleyball Company Tryout Registration

Player's Name _____ Age _____

Address _____ Date of Birth _____

City _____ Zip _____ Grade _____

Home Phone_(_____)_____ Height _____

County _____ Graduation Year _____

School _____ Handed: Left or Right

Parent's Names _____ Email: _____ @ _____

Player Email _____ @ _____ Position _____

Previous JO experience? Yes or No Last 4 digits of SS#: _____

If yes, with what team? _____ # of years _____

(Participant) _____ has my permission to participate in the Cleveland Volleyball Company's tryouts. I approve of the staff who will be in charge of this tryout. I recognize that the coaches are serving to the best of their ability. I certify to the best of my knowledge that the participant named hereon is physically fit to engage in the named tryout.

Any medical conditions of which we should be aware: _____

Signed: _____ Date: _____

(Parent or Guardian)