

Tryout Number



PCVBA Tryout Registration Form

Name: _____

AGE: _____ DOB _____ Grade _____ School _____

Player's Email: _____

Player's Phone: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone: _____

Full Address: _____

Previous Club: _____

Positions Played: RS LS OH MB DS Libero S Not Sure (circle all that apply)

By my signature below, I give my daughter named above permission to participate in the Pacific Coast Volleyball tryouts. I certify that I am the legal parent/guardian of athlete named above. I understand and agree to waive, hold harmless and release Pacific Coast Volleyball Academy, Kent-Meridian, Greenriver College and all their individual staff members from all demands, claims, actions and damages arising out of any incident occurring during participation in this tryout. In my absence, I authorize emergency medical care as deemed necessary by the club staff or medical personnel.

_____ Parent Signature

_____ Athlete Signature

For staff only

USAV Reg.	
USAV Med form	
Concussion Form	
Cardiac Arrest Form	

PAYMENTS	Circle	AMOUNT
\$5.00 USAV Reg. if you have to register on-site with USAV	Cash Check # Credit Card	\$
\$25.00 Tryout fee	Cash Check # Credit Card	\$