

Keystone Volleyball Club Tryout Registration Form

Please bring this completed form to your tryout

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

D.O.B: _____ Age: _____

SSN: _____

School Attending Now: _____ Grade: _____

Position Played in high school: _____ Years Played: _____

What other sports do you play competitively? _____

Have you played any club Volleyball: (Y / N) _____ Years played: _____

What Club: _____ Position played: _____

Would you like to be considered for a National/Open team (Y / N): _____

KVC will be my number 1 priority and I will attend all practices and tournaments leading up to & including the AAU or USA National Tournaments.

Signed: _____

Date: / /

UNIFORMS

Top Size (Adult Sizing): XSmall ____ Small ____ Medium ____ Large ____ Xlarge ____ XXlarge ____

Spandex Sizing (Adult Sizing): XSmall ____ Small ____ Medium ____ Large ____ Xlarge ____ XXlarge ____

Sweats (Adult Sizing): XSmall ____ Small ____ Medium ____ Large ____ Xlarge ____ XXlarge ____

Insurance Form (Please complete and sign)

I, the undersigned, individually and as parent(s) and guardian(s) of _____, a minor, ask that he/she be admitted to participate in this volleyball tryout sponsored by Keystone Volleyball. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Keystone Volleyball, it's owners, members, managers, officers, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said minor's attendance at the volleyball tryout/camp or in the course of competition and/or activities held in connection with the volleyball tryout/camp. Both Signatures Requested.

Mother's / Guardian's Signature & Date

Father's / Guardian's Signature & Date