

Huron Valley Volleyball Clubs – Tryouts

Player Registration 2010

***Please fill out this form clearly and completely**

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To be completed by HVVC

Player and Parents Information:

Player Name: _____ School: _____ Grade: _____

Player Address: _____ City: _____ State: _____ ZIP: _____

Player's Home Phone: (____) _____ - _____ Player's Cell Phone: (____) _____ - _____

Player's Email: _____ @ _____ Returning **HVVC Player** Team: _____

Uniform (Circle one): Jersey (Adult sizes): S M L XL Spandex: S M L XL

Father/Guardian Name: _____

Father's Phone(s): (____) _____ - _____ Email Address: _____ @ _____

Father Address: _____ City: _____ State: _____ ZIP: _____

Mother/Guardian Name: _____

Mother's Phone(s): (____) _____ - _____ Email Address: _____ @ _____

Mother Address: _____ City: _____ State: _____ ZIP: _____

Age divisions are determined as of **8/31/2010**. **Player's Birthday is** ___/___/___

- Players are **U12 (12 & under) if born on or after 9/1/97**
- U13** birthday falls between **9/1/96 to 8/31/97**
- U14** birthday falls between **9/1/95 to 8/31/96**
- U15** birthday falls between **9/1/94 to 8/31/95**
- U16** birthday falls between **9/1/93 to 8/31/94**
- U17** birthday falls between **9/1/92 to 8/31/93**
- U18** on or after **9/1/91**.

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Player Conflicts:

No, or Yes, I plan to play a Winter / Spring sport in school or have another conflict: _____

- Yes, definitely
- Probably
- I am not sure

Explain time conflict / schedule problems:

Continued on back

Tryouts Registration:

Tryouts held at Saline Middle School (7190 North Maple Road, Saline MI 48176)

U12 to U14 HVVC & A2 Elite Teams: 10/25 Individual Evaluation - 11/01 Final Evaluation

- 12U-13U / 5th to 7th Grade 2:00 to 4:00 PM
- 14U / 8th and 9th Grade (early birthday) 4:00 to 6:00 PM

U15 to U18 HVVC Teams (National & Regional): 11/08 First Evaluation - 11/15 Final Evaluation (optional)

- 15U / 9th Grade 2:00 to 5:00 PM
- 16U / 10th Grade 4:00 to 7:00 PM
- 17U & 18U / 11-12th Grade 6:00 to 8:00 PM

U15 to U18 A2 Elite Teams: 11/15 First Evaluation - 11/22 Final Evaluation (optional)

- 15U / 9th Grade 2:00 to 5:00 PM
- 16U / 10th Grade 4:00 to 7:00 PM
- 17U & 18U / 11-12th Grade 6:00 to 8:00 PM

Boys HVVC Teams: 11/22/09 All boys evaluation

- U14 to U18 6:00 to 8:00 PM

Player Fee: Check below which fees you are paying at this time.

Level of Tryout: HVVC Travel Teams (Nat-Reg) Elite

- Membership 2010** **FREE all TRYOUTS (Registration \$200 deadline October 25th)**
- First Level Tryouts (Travel or Elite) _____/_____/_____ **\$35**
- Additional Level (Both Travel and Elite) _____/_____/_____ **\$15 (only for U15 and older)**

Please make checks payable to "HVVC".

This fee covers your tryout date only. If the player accepts a position on a Club team, the player and parent/guardian must sign a contract agreeing to the team fee & payment schedule.

Player's name, jersey number, and school may be posted on the club's website: YES NO

I acknowledge that volleyball or any sporting event is a test of a person's physical and mental limits and carries with it the potential for property loss, serious injury, or death. I realize there are risks inherent in any sport and I hereby assume those risks. I agree to hold harmless and indemnify from any and all claims of liabilities for injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from a volleyball event, the following persons or entities: Huron Valley Volleyball Clubs, Washtenaw Area Volleyball Association (WAVA), Dexter Volleyball Club, Inc., their directors, officers, coaches, agents, tournament directors, Dexter Community Schools, Ypsilanti Schools, Lincoln Schools, Ann Arbor Public Schools, and Saline Public Schools, and I agree not to sue any of the person or entities mentioned above.

Parent or Guardian Signature

Date

Players who did not play on one of our teams last year must provide two photocopies of their birth certificate. (Photocopies only please: HVVC cannot be held responsible for returning original birth certificates!)

Administration (For HVVC use only – Do not write in this area)

Tryout Fee: \$ _____ Check # _____ Returning Player _____ Birth Cert _____ USAV Medical Info _____