

TRYOUT# _____

CVA Boys Volleyball

2018-19 Tryout Registration Form

Please arrive 30 minutes early for check-in

CASH
CHECK # _____

Please complete this form and submit with your tryout fee when you check in at tryouts. The tryout fee is \$40.00 If paying by check, please make payable to "Cincinnati Volleyball Academy"

Player's Name _____
School _____ Grade _____
Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Player E-mail _____
Birthdate ____/____/____ Age as of 9/1/2018 _____ Player cell phone _____
Height _____ Weight _____
Dad's Name _____ Dad E-mail _____
Dad Cell Phone _____
Mom's Name _____ Mom E-mail _____
Mom Cell Phone _____

What position(s) do you play? Outside Hitter Middle Right Hitter Setter DS/Libero Not sure

CLOTHING SIZES

SHIRT: YM YL YXL AS AM AL AXL AXXL
SHORTS YM YL YXL AS AM AL AXL AXXL

____ (parent's initials) I UNDERSTAND THE LEVELS OF TEAMS AND COSTS INVOLVED FOR THE 2018-2019 SEASON AND BASE MY PREFERENCES LISTED BELOW ON THIS INFORMATION. I fully approve my child's participation in this tryout and activities, and agree he does so at his own risk. I agree to waive all liability and hold harmless Cincinnati Volleyball Academy, Courts 4 Sports, and/or their agents for any injury that may occur.
Parent Signature: _____ Date: _____

Indicate the level(s) of competition and age groups you prefer or will accept to play:

PREFERRED level of team (circle one)	WILL ACCEPT the circled level of team (circle any)	AGE according to birthday/age as of 9/1/2018				PREFERRED age group (circle one)	WILL ACCEPT these age groups (circle any/all)						
NATIONAL	NATIONAL	18	17	16	18	17	16	18	17	16			
REGIONAL	REGIONAL	15	14	13	12	15	14	13	12	15	14	13	12

Please list your activities and experiences in volleyball (and number of years).

For example, Mason High School, 3 years varsity; Ohio State University summer camp, 2 years
