



2017-2018 Tryout Form

TRYOUT #



*(Please fill out top portion and bring to tryouts with Parent or Guardian Signature, \$30 Cash or Check)
Registration includes VCVC tryout shirt*

Age Level please circle
U12 U13 U14 U15 U16 U17 U18

Please PRINT clearly:

Player Name _____ Player Cell Phone _____

Player E-mail _____

Position (circle) OH MB S OPP L Prior Team/Club _____

Birth Date _____ Age _____ Height _____ Weight _____

Grade _____ School _____

Parent(s)/Guardians(s) Names(s) _____

Parent E-mail _____ Parent Cell _____

I hereby authorize the staff of VCVC to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release VCVC and its staff from any liability for injuries or illness occurred while at tryouts.

Parent or Guardian Signature

Parent or Guardian Signature

Date

+++++FOR VCVC USE ONLY+++++

Coach Name _____

COMMENTS:

PAYMENT RECEIVED: _____