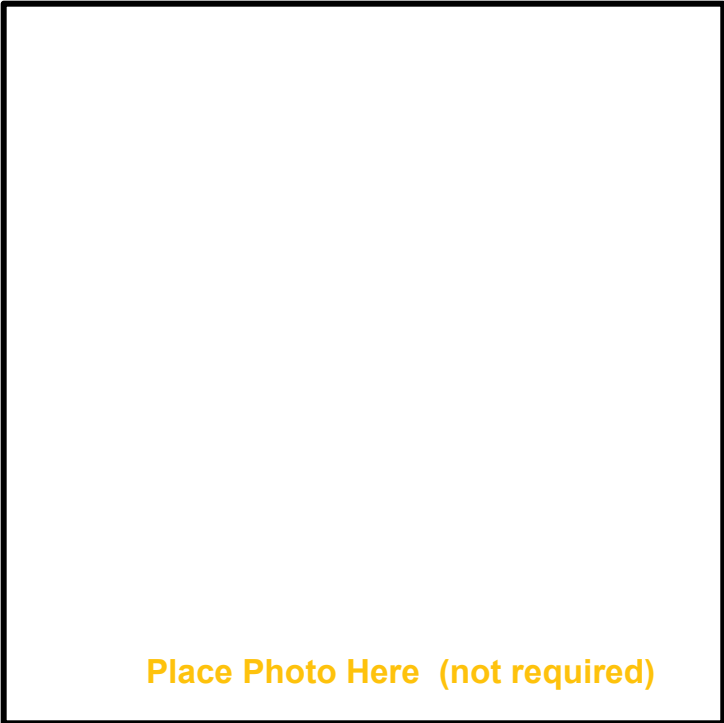




Athlete Tryout Information Sheet



Tryout #: _____
(for office use only)

Date of Birth: _____
 (MM/DD/YYYY)

Name: *(please print)*

First

Last

Place Photo Here (not required)

Player Information *(please print clearly)*

| | |
|------------|------------------|
| City | |
| Home Phone | Player Email |
| OHIP# | Medical Concerns |

Player Experience

Parent Information

| | |
|----------------|----------------|
| Parent #1 | Parent #2 |
| Email | Email |
| Parent #1 Cell | Parent #2 Cell |

Parent Involvement

Please indicate CLUB/TEAM involvement/s you are willing to consider this season

Coaching
 Parent Rep
 Tournament Volunteer
 Club Admin (check areas of interest)

| | |
|-------------|-----------------|
| Accounting | Media Relations |
| Website | Social Media |
| Fundraising | Sponsorship |
| Community | Executive |

Disclaimer

I release Smash Raiders Volleyball Club from any and all liabilities that may occur during the course of tryouts.

I authorize the coaches present to secure any emergency medical treatment needed necessary.

Parent Signature

Tryout fee must be paid before athlete can participate - \$20 Cash at door or Online prior to tryout.