

EVERGREEN JUNIORS VOLLEYBALL CLUB

Tryout Registration Form 2011-2012

PLAYER INFORMATION

Player Name _____ Date of Birth _____

School _____ Grade _____

Age Division (See below) _____ But I would like to play in _____ age division.

Returning Player? Yes No Former Coach _____

Do you play other sports? Yes No If yes, what? _____

When does this start? _____

I am interested in being placed on a travelling team if possible. (Please circle) YES NO

Teams that travel may go to different states for tournaments – dues and costs will be more.

PARENT INFORMATION

Dad's Name: _____ Mom's Name: _____

Best Email address to reach you? _____

Best Phone # to reach you? Day _____ Evening _____

PARENT/GUARDIAN PERMISSION

I give my athlete _____ permission to participate in Evergreen Juniors Volleyball Club Try-outs.

Parent/Legal Guardian Signature

Date

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The next step after being placed on a team is registration with the Puget Sound Region. Doing this now saves a step - if you have questions, please call me. Carin 360-870-4952
You do not have to specify a club. Our club dues pay your registration.

Pugetsoundvb.org Go to Registration Tab. **DO NOT PAY FOR REGISTRATION!!!!!!**

Yes No I have registered with the Puget Sound Region for the upcoming season.

Yes No I have printed the 4 forms and signed them.

Your athlete will not be able to tryout without the forms signed and turned in.

2010-2011 AGE DEFINITIONS

- * U18 Players who were born on or after Sept 1, 1993
- * Players who were born on or after Sept 1, 1992
- * and a HS student part of the current academic year
- * U17 Players who were born on or after Sept 1,1994
- * U16 Players who were born on or after Sept 1,1995
- * U15 Players who were born on or after Sept 1,1996
- * U14 Players who were born on or after Sept 1,1997
- * U13 Players who were born on or after Sept 1,1998
- * U12 Players who were born on or after Sept 1,1999

Club Processing Only

Paid \$20.00

Cash _____

Check# _____