



2011-2012 TRYOUT REGISTRATION FORM

Tryout Fee \$40.00 (cash only)

Your non-refundable tryout fee will be collected when you turn in your Registration Form.

Tryout # _____ [Assigned by Impact staff]

COMMITMENT STATEMENT: Selections will be announced at the end of the tryout session. If selected, you must be prepared to accept or decline at that time. If you accept, your commitment payment must be made before you leave.

Please initial here to indicate acknowledgement of the Commitment Statement. _____

The Fee/Payment Schedule is on page 3 of the IMPACT Volleyball handout

Player's Name: _____ Age: _____ DOB: _____ Grade: _____
(Please print clearly)

School: _____

Father's Name: _____

Mother's Name: _____

Primary Address: _____

Home Phone#: _____

Dad's Cell Phone#: _____ Mom's Cell Phone#: _____

E-Mail Address (Please print clearly): _____

City: _____

Zip: _____

General Information

If not in High School, what High School will you attend? _____

Do you have club volleyball experience? _____

If so, what club did you play for last? _____

Did you play on a Local, Regional, or a National team last season? _____

Position(s) played: MB _____ OH _____ S _____ DS _____ L _____

Left or Right Handed: _____

Height: _____

Parent or Guardian Release of Liability Statement:

I understand that the game of volleyball is physically demanding and that injuries can occur. I also understand that IMPACT Volleyball Club and the tryout/practice facility do not provide medical insurance to cover any injuries that may occur during tryouts, practice sessions, or tournaments throughout the season. Furthermore, I understand that any expenses incurred for medical attention required by my child due to an injury while playing Volleyball will be my responsibility.

I have read and understand the Release of Liability Statement and hereby release IMPACT Volleyball coaches, staff, and tryout/practice facility from financial responsibility for any injuries that my child may sustain during the Volleyball tryout session, and season.

Signature of Parent or Guardian

Date