



# Tryout Information

<b>Player Name</b>			<b>DOB</b>
<b>Parent Names</b>			
<b>Address</b>			
<b>Home Phone</b>			<b>Tryout Number:</b>  <b>Age as of Sept. 1, 2019 :</b>
<b>Parent Cell</b>			
<b>Primary Email</b>			
<b>Player Cell</b>			
<b>Payment Method</b>	<b>Cash</b>	<b>Check#</b>	
<b>Circle desired <u>level of play</u> below:</b>			
12 Premier    13-14 Premier    15-16 Premier    13 Power    14 Power 15 Power    16 Power    17 Power    18 Power			

PLEASE READ: I certify that my daughter is healthy and in good physical condition and can participate in Spark Volleyball Club tryouts. I hereby waive and release Vinewood Community Church, Edison High School, Saint Mary's High School, Diocese of Stockton, Stockton Unified School District, Calvary Presbyterian Church, San Joaquin Delta College, University of the Pacific, Spark Volleyball Club, its instructors, coaches and volunteers from any liability for personal injury arising out of my child's participation in Spark Volleyball Club.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_