



Player Tryout information

Player Name				DOB:
Parents Names				
Address				
Parent Cell				Tryout #
Player Cell				
Primary Email				Age as of July 1st & year of birth:
NCVA #				
Payment Method	<input type="checkbox"/> Cash	Check #	<input type="checkbox"/> Venmo	
Check the box(es) for the desired level of play below:				
<input type="checkbox"/> 12 Power <input type="checkbox"/> 13-14 Premier <input type="checkbox"/> 13 Power <input type="checkbox"/> 14 Power <input type="checkbox"/> 15-16 Premier <input type="checkbox"/> 15 Power <input type="checkbox"/> 16 Power <input type="checkbox"/> 17 Power				

Tryout Information

Date: Sunday, October 17 and Sunday, October 24, 2021

Location: Vinewood Community Church (1900 W. Vine St., Lodi, CA 95242)

Cost: \$30/player

Venmo Account: @Spark_Volleyball_61

Date	Age Group	Time
Sunday, Oct. 17 th	12's, 13's, & 14's	1:30 to 3:30 p.m.
	15's & 16's	4:00 to 6:00 p.m.
Sunday, Oct. 24 th	17's & 18's	3:00 to 5:00 p.m.

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 Edison High School, Stockton Unified School District, Spark Volleyball Club, its instructors, coaches and volunteers from any liability for personal injury arising out of my child's participation in tryouts for Spark Volleyball Club.

Parent Signature: _____ Date _____

Parent Name (Please Print): _____