



Player Tryout information

Player Name				DOB:
Parents Names				
Address				
Parent Cell				Tryout #
Player Cell				
Primary Email				Age as of July 1 st of birth year:
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 <input type="checkbox"/> 18 Power				

Tryout Information

Date: Saturday, July 29th, 2023

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

Cost: \$35/player

Venmo Account: @Spark_Volleyball_61

Date	Age Group	Time
Saturday, July 29 th	17's & 18's	9 to 11 a.m.
Saturday, July 29 th	15's & 16's	12 to 2 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 Vinewood Community Church, Lodi 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): _____