



**** Attach your picture here ****

REGISTRATION FORM

PLEASE CHECK ONE

Clinic Tryout Other Date / /
mm dd yyyy

PLAYER INFORMATION

Name (first / last) _____

Date of birth _____ mm/dd/yyyy Current age _____

Player's email address _____

Cell phone # _____ cell phone and email address will only be shared with coaches.

What school are you attending? _____ Current grade: _____

example: 9th grade, 2011-2012

How tall are you? feet inches

What position do you want to play? _____ or I do not know check if you have no preference

Have you played volleyball? _____ yes or no What other sports do you play? _____ list all

PARENT/GUARDIAN INFORMATION

Mother's name _____

Phone # _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Father's name _____

Phone # _____ Email _____

Address same as above

Street Address _____ City _____ State _____ Zip _____

Waiver and Release: I hereby indemnify and hold harmless California Blue Volleyball Club and it's agents and employees from any and all claims arising out of injury, accidents, or illness to my child while participating in any clinics and tryouts. I authorize California Blue Volleyball club to act for me according to their best judgment in any emergency requiring medical attention.

Parent / Guardian Signature: X _____ Date: _____