

Maverick Tryout Registration Form

(Print this form, OVR waiver, and mail in both with \$15.00 registration fee)

Player Name _____ Age _____

Date of Birth _____ Graduation Year _____ Height _____

Mailing Address _____

City _____ State _____ Zip _____

*Player Email _____ @ _____

*Parents Email _____ @ _____

Home Telephone (_____) _____ Emergency (_____) _____

Parents Name _____

School Attending _____ Grade _____

2010 – 2011 JO Program _____ Team _____

Please circle the highest level of team that you wish this player to be considered for at tryouts:

Open Level Club Level

List the position(s) that you wish to be considered for (14-18's only). Setter, Middle Hitter, Outside Hitter, DS/Libero _____ (10-13's do not have designated positions).

***Please list an email that is legible and one that you check often. We will correspond via email to all players and parents with information.**

I give permission for my daughter _____ to attend and participate in the **MAVERICK VBC** JO tryouts. I understand that any sport can pose risk of injury at any time, and release the coach's administrators of all liability in cases of injury. I understand that the coaching staff will supervise each player at all times while in the gym.

Parent's Signature _____ Date _____

All players must present the **OVR Waiver and Release of Liability** form with their registration prior to trying out on the court. Please mail both forms and the **\$15.00** tryout fee to:

**Jenn Larrick
400 Longfellow St.
Elyria, OH 44035**