



Pre-Tryouts / Tryouts – Registration Form

Player Information

First Name: _____ Last Name: _____

Cell #: _____ Email: _____

Birthdate: _____ Age: _____ Grade: _____ School: _____

Primary Position: _____

Prior Club Volleyball Team(s): _____

Tryout Age (check one): 12 13 14 15 16 17 18

Parent/Guardian Information

First Name: _____ Last Name: _____

Cell #: _____ Email: _____

Home Address, City & ZIP _____

For Tryouts Only:

2018 NCVA Membership Number (required to try-out): _____

RELEASE: PLEASE READ AND SIGN BELOW.

The undersigned parent/guardian of the above-named Player verifies that the information set forth above is true and correct. On behalf of myself, my child, and our respective heirs, successors, and representatives, I hereby release and hold harmless Xceleration Volleyball Club LLC, and its principals, employees, agents, and representatives (hereafter jointly and severally "Xceleration"), from any and all liability in connection with any injury or damages sustained by my child or myself arising out of or relating in any way to the program stated herein, and any acts or omissions associated with these activities, even if such injury or damage is caused by the sole negligence, whether active or passive, on the part of Xceleration. I understand and affirm that I am solely responsible for medical insurance coverage for any such injury or damage, whether to myself or my child.

Parent/Guardian Signature: _____ Date: _____

Walk-in Pre-Tryouts/Registration Fee: \$45.00/session

Walk-in Tryouts/Registration Fee: \$50.00

Please make checks payable to: XCELERATION VBC (No checks by mail accepted)

Xceleration VBC Use Only:

Payment (Select one): Check # _____ Cash: _____ Amount Rec'd: _____

Received by: _____