



**HRVC Try-outs:  
Athlete Registration  
2009-10 OVA Season**

- 13U
- 14U
- 15U
- 16U
- 17U
- 18U

**Tryout #** \_\_\_\_\_  
*for office use only*

**Date of Birth:**  
dd/mm/yr

**Name:** *Please print (first, last)*

**Player Information**

Address		
City	Province	Postal
Phone	Player Email	
OHIP#	Medical concerns	

**Player Experience**

Club	Position	Years
School	Grade(this year)	Years Played
School Coach	Position	

**Parent Information**

Last Name	First Name	ER phone #
Address		
City	Postal	Employer
Alt Phone	Parent Email	Cell Phone

**Parents: Please indicate involvement/s willing to consider this season.**  
 Executive       Team Parent       Communications       Fundraising

**Disclaimer**

I release Halton Region Volleyball Club from any and all liabilities that may occur during the course of tryouts.  
 I authorize the coaches present to secure any emergency medical treatment necessary.

Parent Signature	Date
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**Uniform** *Office use only*

JERSEY		JACKET		PRACTICE T-SHIRT		FITTED BY:
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*Note: Each player must present this SIGNED tryout form and pay the \$30 tryout fee prior to participation.  
 All Cheques should be made out payable to HRVC.*

<b>Office Use Only</b>			
PAID	CHQ	CASH	Payment Received by