



**HRVC Tryouts: Athlete Registration**

13U
14U
15U
16U
17U

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

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

**Name:**

*Please print (first, last)*

<b>Player Information</b>			
Address			
City	Province	Postal	
Phone	Player Email		
OHIP#	Medical concerns		
<b>Player Experience</b>			
Club	Position	Years	
School	Grade(this year)	Years Played	
School Coach	Position		
<b>Parent Information</b>			
Last Name	First Name	ER phone #	
Address			
City	Province	Postal	
Alt Phone	Email		
<b>Parents Please indicate involvement/s willing to consider this season.</b>			
<input type="checkbox"/> Executive	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Communications	<input type="checkbox"/> General
<b>Disclaimer</b>			
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		

**Each player must present this SIGNED tryout form and pay the \$25 tryout fee prior to participation.**

<b>Office Use Only</b>		
Paid By CASH	CHQ #	Payment Received by

**Please bring completed forms to tryout with your \$25 tryout fee-cheques payable to HRVC**