



**HRVC Tryouts: Athlete Registration
2009-2010 OVA Season**

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

Date of Birth:
dd/mm/yr

Tryout # _____
for office use only

Name:
Please print (first, last)

Player Information

Address			
City		Province	Postal
Phone		Player Email	
OHIP#		Medical concerns	
Uniform	JERSEY XXS XS S M L XL	JACKET S M L XL	

Player Experience

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

Parent Information

Last Name		First Name	ER phone #
Address			
City		Province	Postal
Alt Phone		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
------------------	------

*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.*

Office Use Only	
Paid By	Payment Received by