



**HRVC Tryouts: Athlete Registration
2010-2011 OVA Season**

13U
14U
15U
16U
17U

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		

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.			
<input type="checkbox"/> Executive	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Communications	<input type="checkbox"/> 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 \$25 tryout fee prior to participation.
All Cheques should be made out payable to HRVC.*

Office Use Only			
Paid By		Payment Received by	
Uniform	JERSEY XXS XS S M L XL	JACKET S M L XL	