



FOR CLUB USE ONLY

Player's Age Group: _____

Payment Method: Cash _____

Online _____ Check _____

SA Xtreme Volleyball Tryout Resume

2021-2022 Club Season

PLAYER INFO:

Last Name: _____ First Name: _____ DOB: _____

Height: _____ Years In Club: _____ Grade In Fall: _____ High School: _____

What position(s) do you wish to play this season? (mark your top 3 in order of importance below, 1 = most important)

Setter: _____ Libero/DS: _____ Outside: _____ Middle: _____ Opposite/RS: _____ No Preference: _____

What other sports/activities do you participate in besides volleyball? Basketball: _____ Softball: _____ Soccer: _____

Swimming: _____ Cheerleading/Gymnastics: _____ Tennis: _____ Track & Field: _____ Martial Arts: _____ Other: _____

PARENT/GUARDIAN INFO:

1st Parent/Guardian Full Name: _____ Phone: _____

Email: _____ Relationship to Player: _____

2nd Parent/Guardian Full Name: _____ Phone: _____

Email: _____ Relationship to Player: _____

Address: _____ City: _____ Zip Code: _____

RELEASE OF LIABILITY:

The SA Xtreme Volleyball Club (SA Xtreme), facility owners and/or their staff are not responsible for any injuries which may occur. All participants are asked to be on their best behavior, follow all gym rules and be respectful to coaches, staff and other participants. Parents and/or Guardians are responsible for all medical attention which may be needed in case of injury and hereby release SA Xtreme from any and all responsibility.

_____ **YES**, I give permission for the staff to seek medical attention if necessary.

_____ **NO**, I do NOT give permission for the staff to seek medical attention if necessary.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions, please email info@saxtremevolleyball.com

