



Tryout Registration Form

Cost: All Players \$25 Tryout Fee

10/27/2018 - U12 & U13 10am-12pm | U14 12pm-2pm
 11/18/18 - U15 & U16 11am-1pm | U17 & U18 1pm-3pm

Additional Tryout Information at www.pjvbc.com

Athlete's Name _____ Birth Date _____ Current Grade _____
 Address _____ City _____ Zip _____
 Athlete's Phone _____ Athlete's Email _____
 Parent's Names _____
 Parent's Home # _____ Parent's Work/Cell _____
 Parent Email _____

Please list an email that is legible and that you check frequently. We use email communication with players and parents

Previous Club Experience

Club/Year _____ Club/Year _____
 Club/Year _____ Club/Year _____

School Team

___ 7th ___ Varsity ___ JV
 ___ 8th ___ Varsity ___ JV
 ___ 9th ___ Varsity ___ JV ___ Other _____ Position
 ___ 10th ___ Varsity ___ JV ___ Other _____ Position
 ___ 11th ___ Varsity ___ JV ___ Other _____ Position
 ___ 12th ___ Varsity ___ JV ___ Other _____ Position

Position Preferred

(mark in order of preference: 1, 2, 3, 4)

___ Setter ___ Libero/DS
 ___ Middle ___ Outside/Opposite

Previous Club Experience

The following information is not used to decide who makes the team, it is used to determine how many players are offered a position.

Please select one of the following choices:

- ___ If I am offered a position today, I plan to sign - Puyallup Juniors is my FIRST choice.
- ___ If I am offered a position today, I still plan on trying out for other teams before deciding - PJVBC is not my first choice.
- ___ PJVBC is not my first choice, and if I make another team I plan on committing to them.

Please list any other school or club sports you plan on participating on during the 2018/2019 season:

PJVBC strives to provide the top club experience.

This year in the Puget Sound Region of USAV, all players are eligible to sign club contracts to the team they chose on the day of tryouts. This year we will be offering spots for teams and signing contracts on the day of tryouts

I give permission for my daughter _____ to attend and participate in the PJVBC tryouts. I understand that any sport can pose a risk of injury at anytime, and I hereby release the coaches, administrators, and club of all liability in case of injury.

Parent Signature _____ Date _____

All players must present this form, along with your USA Volleyball Junior Tryout Membership card, 2018 PSRVB Player medical History & Release Form, Lystedt Concussion Waiver Form, and registration fee before participating in tryouts.