



# Central Coast Volleyball Club 2010 Season Tryout Application

**Player's Name:** \_\_\_\_\_

Player's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Player's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Player's Address: \_\_\_\_\_  
\_\_\_\_\_

**Telephone Numbers:**

HOME: \_\_\_\_\_ PARENT'S CELL PHONE: \_\_\_\_\_

**Experience:** Years of Club \_\_\_\_\_ School \_\_\_\_\_

**Liability Release:**

I release the Central Coast Volleyball Club, Allan Hancock College and the City of Santa Maria and all of their agents and representatives from any claim of liability as a result of the above named minors participation in tryouts, practice, tournaments, or in connection with transportation to these activities. I additionally authorize emergency medical treatment for the above named minor.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

**Uniform Info:**

PLAYER'S JERSEY SIZE: **XS S M L XL** (circle one)

PLAYER'S SPANDEX SHORT/ SWEAT PANT SIZE: **XS S M L XL** (circle one)

PLAYER'S SWEATSHIRT SIZE: **XS S M L XL** (circle one)

PLAYER'S T-SHIRT SIZE: **XS S M L XL** (circle one)

**Bring this form to tryouts. Players not allowed to tryout without a signed copy.**