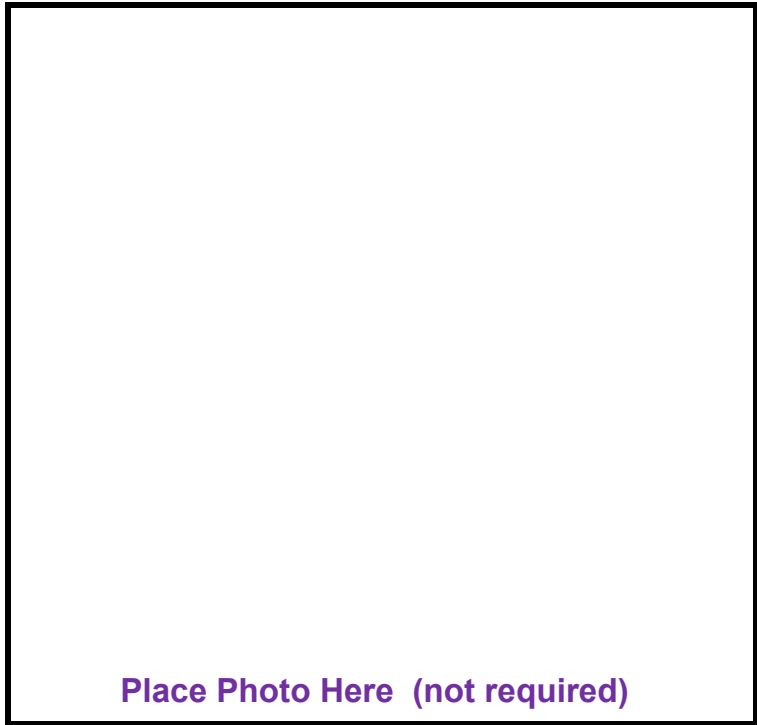




Athlete Tryout Information Sheet



Tryout # : _____

(for office use only)

Date of Birth: _____

(MM/DD/YYYY)

Name: *(please print)*

First

Last

Player Information *(please print clearly)*

Address

City	Province	Postal Code
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Home Phone	Player Email
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OHIP #	Medical Concerns
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Player Cell	TShirt Size <small>(XS-XL)</small>
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Player Experience

Club	Position	Years
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School	Current Grade	Years Played
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School Coach	Position
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Parent Information

Parent #1	Parent #2
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Parent Cell	Parent Email
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Emergency Contact Name

Emergency Contact Number

Parent Involvement

Please indicate CLUB/TEAM involvement/s you are willing to consider this season

Coaching Parent Rep Tournament Volunteer Club Admin (Circle areas of interest)

Accounting
Website
Fundraising
Community
Media Relations
Social Media
Sponsorship
Executive

Disclaimer

I release Hamilton SMASH 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
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Tryout Fee must be paid before athlete can participate (Online \$30, At Door \$40 Cash Only)