



Players Last Name _____

Players First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Social Security # . _____ (mandatory for tryouts)

Mom's Name _____ Cell # _____

Dad's Name _____ Cell # _____

Player's Height _____ Right Handed _____

Left Handed _____

Birth Date _____ Grade _____

PREVIOUS EXPERIENCE: School team/s _____

Club team/s _____

Please check one of the following:

Early Bird Season _____ (Available Ages: 15, 16, 17 and 18)

Regular Season (National, Regional, or Club) _____

W A I V E R

_____ (Participant) has my permission to participate in training, competition and other activities to properly evaluate the same on her ability to secure a position on a Glass City Team. I hereby release Glass City Volleyball Company and The University of Toledo from any liability resulting in an injury from this tryout.

PARENT SIGNATURE _____ DATE _____

RELATIONSHIP _____

Tryout Cost is \$20.00 (In advance or at the door). Make check payable to: Glass City

Mail To: Steve Kaighin
2409 Medford Dr.
Toledo, OH 43614

We recommend pre-registering to avoid delays at tryouts
Questions about tryouts should be directed to: Dana Hooper 419-381-1895