

Player Tryout Number _____

GLASS CITY VOLLEYBALL COMPANY

2009-2010 TRYOUT FORM

PLEASE PRINT LEGIBLY

Player's Last Name _____

Players First Name _____ Middle Initial _____

Address _____ Birth date _____ Grade _____

City _____ State _____ Zip _____ Home Phone _____

School Currently Attending _____

Player's Social Security Number (mandatory for tryouts) _____

Mom's Name _____ Cell # _____ E-mail _____

Dad's Name _____ Cell# _____ E-mail _____

Player's Height _____ Right Handed _____ Left Handed _____

PREVIOUS EXPERIENCE: SCHOOL TEAMS _____

CLUB TEAMS _____

YEARS INCLUDING THIS YEAR THAT YOU WILL BE WITH GCVC _____

Please Check the teams/s you are interested in:

Skills Enhancement (12/under, Junior High) _____

Early Bird (Ages 14, 15,16,17 and 18) _____

Regular Season Team (Includes National, Regional) _____

Defiance satellite program _____

I am only trying out for a Glass City team _____

WAIVER

_____ (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, LLC and the University of Toledo from any liability resulting in an injury from this tryout.

PARENT SIGNATURE _____ DATE _____

INITIAL HERE THAT YOU HAVE RECEIVED THE OVR BILL OF RIGHTS _____

Tryout Cost is \$20.00 if received two days prior to tryout, \$25.00 at door- REGISTER EARLY

MAKE CHECKS TO: Glass City, LLC attn: Dana Hooper

4237 Elmway Drive Toledo, Ohio 43614

Call: 419-381-1895/ www.glasscityvolleyball.com