

Referred By _____

TRYOUT NUMBER _____

**GLASS CITY VOLLEYBALL COMPANY
2011-2012 TRYOUT REGISTRATION
www.glasscityathletics.com**

PLAYER LAST NAME _____ **BIRTHDATE** _____

PLAYER FIRST NAME _____ **CURRENT GRADE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **HOME PHONE** _____

MOM'S NAME _____ **CELL** _____ **EMAIL** _____

DAD'S NAME _____ **CELL** _____ **EMAIL** _____

PLAYER'S HEIGHT _____ **RIGHT HANDED** ___ **LEFT HANDED** ___ **SCHOOL ATTENDING** _____

PREVIOUS EXPERIENCE

SCHOOL TEAM _____

CLUB TEAM _____

YEARS INCLUDING THIS YEAR THAT YOU WILL BE WITH GLASS CITY _____

PLEASE CHECK THE TEAM THAT YOU ARE TRYING OUT FOR:

_____ A regional or Elite Team for my age

_____ A competitive level team for my age

_____ An Early Bird team for my age

COST: \$25.00 if pre-registered, \$35.00 at the door

MAKE CHECKS PAYABLE TO: GLASS CITY, LLC

SEND TO : GLASS CITY ATHLETICS/ 4350 S. BERKEY SOUTHERN, SWANTON, OHIO 43558

OTHER CONTACT INFORMATION:

DANA HOOPER- HOME 419-402-4121 CELL-419-261-0067 or dahooper@roadrunner.com

PARENT WAIVER

_____ (PARTICIPANT) has my permission to participate in competition and other activities to evaluate their ability to secure a position on a Glass City team. I hereby release Glass City and the University of Toledo from any liability resulting in an injury at this tryout.

Parent signature _____ DATE _____