



GLASS CITY VOLLEYBALL 2018 - 2019 TRYOUT FORM



TRYOUT NUMBER: _____

PLAYER INFORMATION:

PLAYER LAST NAME _____ BIRTHDATE _____

PLAYER FIRST NAME _____ SCHOOL & CURRENT GRADE as of 9/18 _____

ADDRESS, CITY, STATE, ZIP _____

HOME PHONE _____ YEARS (INCLUDING THIS YEAR) YOU WILL BE WITH GCVC _____

MOM'S NAME _____ CELL _____ EMAIL _____

DAD'S NAME _____ CELL _____ EMAIL _____

PLAYER'S HEIGHT _____ RIGHT HANDED _____ LEFT HANDED _____ PREFERRED POSTION _____

PREVIOUS EXPERIENCE:

SCHOOL TEAM(S) _____

CLUB TEAM (S) _____

PLEASE CHECK THE TEAM THAT YOU WOULD LIKE TO TRYOUT (please check one) :

- _____ 10 & Under Toledo (3rd or 4th Grade)
- _____ 11 & Under Toledo (5th Grade)
- _____ 12 & Under Toledo (6th Grade)
- _____ Jr. High Toledo (7th & 8th Grade)
- _____ High School Toledo (9th - 11th Grade; season January - May)
- _____ High School Early Bird (9th - 12th Grade; season December - February; perfect for spring athletes)
- _____ Adrian Satellite by Grade (all practices in Adrian area)
- _____ Jackson Satellite by Grade (all practices in Jackson area)

TRYOUT COST:

The cost to tryout is \$35.00/player if pre-registered 2 days ahead of tryout date, \$40.00 at the door. You can also register online at glasscityathletics.com. Please make checks payable to: Glass City, LLC and mail form and payment to: Glass City Athletics 1590 Albon Road, Suite 12 Holland, OH 43528.

Tryout dates and times are posted at glasscityathletics.com. All Toledo & Adrian Team tryouts will take place at the Paragon. Jackson Team tryouts will take place at Vandercook Lake School: 1000 E. Golf Ave, Jackson, MI.

For more information contact Dana Hooper:
 ☎ 419-261-0067 ✉ dahooper@roadrunner.com 🌐 glasscityathletics.com 🏠 The Paragon, Suite 12
 1590 Albon Rd Holland, OH 43528

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 from any liability resulting in an injury at this tryout.

Parent signature _____ DATE _____