

SA Xtreme Tryouts Resume

Last name: _____ First: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Athlete's Email: _____ Phone: _____

Height: _____ Years in Club: _____ School: _____ Grade in the Fall: _____

Mother's/Guardian's Name: _____ Phone: _____

Mother's/Guardian's Email Address: _____

Father's/Guardian's Name: _____ Phone: _____

Father's/Guardian's Email Address: _____

What position(s) do you desire to play for this upcoming season? *Mark your top three preferences below in order of importance: 1 being the most important; 3 being the least important.*

Setter: _____ DS/L: _____ OH: _____ OPP/RS: _____ MB: _____ Serving Specialist: _____

What other sports/activities, if any, do you participate in?

Basketball _____ Track _____ Softball _____ Cheerleading _____ Swimming _____ Soccer _____ Tennis _____

Band _____ Choir _____ Orchestra _____ Other _____

Release of Liability

The SA Xtreme Volleyball Club, facility owners or their staff are not responsible for injuries which may occur. All participants are asked to be on their best behavior, follow all gym rules and be respectful to camp staff and other participants. Parents and/or Guardians are responsible for all medical attention which may be needed in case of injury and hereby releases the above named from any and all responsibility.

____ Yes, I give permission for the staff to seek medical attention if necessary.

____ No, I do not give permission for the staff to seek medical attention if necessary.

Signature of Parent or Guardian: _____ Date: _____