



# BARTLESVILLE ECLIPSE VOLLEYBALL CLUB

## PLAYER TRYOUT INFORMATION (2017 / 2018)

Please complete the form below and bring to tryouts. This information will be shared ONLY with your Coach, Team Representative, and Club Officers once players are assigned to their team. Tryout Fee is \$10

In addition, copies of the following 3 items are REQUIRED to participate in tryouts due to Oklahoma Region Volleyball Association (OKRVA) and Bartlesville Eclipse Volleyball Club (BEVC) policies. NO EXCEPTIONS

- 1) Copy of current OKRVA Registration Card. Cost is \$50 and if a player does not make the team, this can be refunded. Registration should be completed at [www.okrva.com/registration.shtml](http://www.okrva.com/registration.shtml) prior to the tryout date.
- 2) Completed Medical Form that can be found at [www.bartlesvilleeclipsevolleyball.com](http://www.bartlesvilleeclipsevolleyball.com).
- 3) Signed by Player and Parent the USA Volleyball Waiver and Release of Liability / USA Volleyball Code of Conduct Form that can be found at [www.bartlesvilleeclipsevolleyball.com](http://www.bartlesvilleeclipsevolleyball.com).

Player's Name:	
Address Including City & Zip Code:	
Birth Date:	Current Age:      Current Grade:      Age on September 1, 2017: (circle one)
	10    11    12    13    14    15    16    17    18
First Year to Play Club Volleyball? (circle one)	YES      NO
Did You Play School Volleyball in 2017? (circle one)	YES      NO
Positions Played? (circle all that apply)	Setter    Outside Hitter    Middle    DS/Libero    Right Side Hitter
Mother' Name:	Mother's Cell Phone:
Mother's Email Address:	
Can we send any club communications to your email address? (circle one)    YES                  NO	
Father's Name:	Father's Cell Phone:
Father's Email Address:	
Can we send any club communications to your email address? (circle one)    YES                  NO	
Guardian's Name: (If Applicable)	Guardian's Relationship to Player: (If Applicable)
Guardian's Email Address: (If Applicable)	Guardian's Cell Phone: (If Applicable)
Can we send any club communications to your email address? (circle one)    YES                  NO	
Non-Parent / Legal Guardian Emergency Contact:	Emergency Contact Number:

### FOR USE BY ECLIPSE VOLLEYBALL CLUB OFFICERS/COACHES ONLY

Tryout Team: (circle one)    11    12    13    14    15    16    17    18	Tryout Number Assigned:
Tryout Fee Paid by: (circle one)    Cash    Check    Check # _____	Amount Paid:
REQUIRED - Current OKRVA Registration (circle one)    YES    NO	OKRVA Number:
REQUIRED - Medical Form (circle one)    YES    NO	
REQUIRED - Signed by Player AND Parent; Waiver and Release of Liability AND Code of Conduct Form (circle one)    YES    NO	