



INSTINCT TRYOUT REGISTRATTION FORM

2009-2010 SEASON

SPORT SUPPORT LLC 1840 ADDRESS DRIVE CARROLL TON IX 75010

*(Required Information)

GENERAL INFORMATION

- * Parent's Name: _____
- * Parent's Last Name: _____
- * Cell Phone: _____
- * Email: _____
- * Address: _____
- * City: _____
- * Zip Code: _____

ATHLETE'S INFORMATION

- * Athlete's Name: _____
- * Athlete's Last Name: _____
- * Birth Date: (MM/DD/YY): _____
- * Age Division:
- 12 13 14 15 Either team Travel Only Regional Only

Position(s): Setter Outside Hitter Right Side Hitter Middle DS/Libero

School Experience: _____

Previous Club Experience: _____

Other Competitive Sports/Activities: _____

Height: _____ ft _____ in Weight: _____ lbs

TRYOUT information:

WHAT YOU MUST BRING IO TRYOUTS:

1. INSTINCT REGISTRATION FORM (not necessary if you sign up online) (CLICK)
2. NON-REFUNDABLE \$ 75 TRYOUT FEE - \$ 70 IF YOU SIGN UP ONLINE
3. PROOF OF REGISTRATION WITH USVA INCLUDING YOUR MEMBER NUMBER (CLICK)
4. USVA MEDICAL HISTORY AND LIABILITY RELEASE FORM (CLICK)
5. INSTINCT VBC MEDICAL RELEASE FORM
6. INSTINCT FACILITY RELEASE FORM
7. COPY OF BIRTH CERTIFICATE

Questions? Contact us at edrewnick@instinctvbc.com
We look forward to seeing you at tryouts