

**NEW BOSTON VOLLEYBALL CLUB**  
**2010 Tryout & Pre-Registration Form**  
**March 7<sup>th</sup>, 2010**  
Cost: \$50\*

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
HS Graduate Year: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email (required): \_\_\_\_\_

*Note: Your age on September 1<sup>st</sup>, 2010 is your tryout age group.*

I hereby authorize the staff of the New Boston Volleyball Club to act on my behalf according to their best judgment in any emergency requiring medical attention if I can not be reached. I further waive and release the New Boston VBC and its staff from any and all liability for the injuries or illness incurred while involved in the program. I have no knowledge of any physical impairment that would keep the above mentioned athlete from full participation in this program.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Uniform Number Selection

15's choose from #1 - #16

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

13 & 14's choose from #17 - #70

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

12 & under choose from #71 and above

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**Please send this form and a \$50 check payable to *NBVBC* by Feb. 20<sup>th</sup> to:**

**NBVBC**  
**24164 Grand Traverse Ave.**  
**Brownstown, MI 48134**

\*\$20 – tryout fee (non-refundable)

\$30 – pre-registration fee (applied toward club fees or refunded if not selected to a team).  
Also reserves uniform number.