

NEW BOSTON VOLLEYBALL CLUB

2012 Tryout & Pre-Registration Form

March 4th, 2012

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 1st, 2012 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 - #14

1st Choice _____ 2nd Choice _____ 3rd Choice _____

13 & 14's choose from #15 - #55

1st Choice _____ 2nd Choice _____ 3rd Choice _____

12 & under choose from #56 - #75

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Please send this form and a \$50 check payable to *NBVC* by Feb. 24th to:

**NBVC
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.