



- Player Tryout#: _____
- 2023-2024 CHRVA Membership# _____
- USAV Medical Release Form _____
- Walkin Tryout Fee **\$60 cash/check**

2023-2024 ECE Tryouts Walk-in Registration Form

1. ECE Tryout Session Attending:

- ___ 15U/16U 11/4, Saturday, 9 am - 12 pm @ FMS
___ 17U/18U 11/5, Sunday, 2 pm – 4 pm @ FMS
___ Makeup 11/5, Sunday, 4 pm – 6 pm @ FMS

2. ECE Team/role the player is seeking?

- ___ 15U FMS ___ 16U FMS ___ 17U FMS ___ 18U FMS

3. ECE Team position the player is seeking (multiple choices are allowed)?

- ___ Setter ___ Outside Hitter ___ OPP ___ Middle Blocker ___ Libero/DS

4. Player's CHRVA Membership# for 2023-2024 Season: _____

5. Player's First Name: _____ Last Name: _____

6.. Date of Birth: _____(MM)/ _____(DD) / _____(YYYY) Age: _____(As of 7/1/2023)

7. School grade: (circle one) Grade 6 7 8 9 10 11 12

8. School Name: _____

9. Player's Email: _____

10. Player's Cell Phone Number: _____

11. Player's Volleyball experience (multiple choices are allowed):

- ___ Beginner ___ 1 yr of club experience ___ 2 yr of club experience
___ three years or more club experience
___ high school volleyball team experience) (___JV ___Varsity)
___ Player is an ECE alumni/alumna

12. What's the player's preferred jersey size? XS S M L XL XXL

13. Parent's First Name: _____ Last Name: _____

14. Parent's Email: _____

15. Parent's Cell Phone Number: _____

16. Parent's Address: _____