# East Coast Elite Volleyball Club Tryout

# Walkin Registration Form

2025-2026 Season

**TURN IN THE FOLLOWING DOCUMENTS (HARD COPIES) BEFORE TRYOUTS**

1) **CHRVA MEMBERSHIP CARD** (**$60** for **USAV Regular Jr Girls 9-17** or **$25** for a **Junior tryout 10-day membership** with an upgrade to full membership once you have joined a team).

2) **USAV Medical Release From** (complete and signed by the parents/legal guardians).

3) Pay **$60 non-refundable ECE trout fee.**

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| **Attending ECE's Tryout Session:**<br>☐ FRI, 10/25 @ 13U/14U HoCo<br>☐ SAT, 10/26 @ 13U/14U HoCo Makeup<br>☐ FRI 10/31 @ 15U/16U HoCo ☐ SAT 11/1 | ☐ SUN, 11/2 @ 16U/17U FMS<br>☐ SUN, 11/2 @ 15U/16U/17U FMS Makeup<br>☐ MON, 11/3 @ Supplemental#1<br>☐ TUE, 11/4 @ Supplemental#2 |

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| **Full Name (First, Last):** | **Date of Birth**<br>**MM / DD /YYYY**<br>/ / | **CHRVA Membership Number:** |
| **School Name & Grade** | **Player's Cell#:** | **Player's Email:** |
| **Team for tryout:** 13 14 15 16 17 18<br>Elite ◯ Practice ◯ | **Experience:**<br>Beginner☐ JV☐ Varsity☐<br>Club? ____ years | **Position:**<br>S☐ L/DS☐<br>OH☐ OPP☐ MB☐ |
| **Parents Full Name:** | **Parents Cell#:** | **Parent's Email:** |
| **Home Address:** | **Last season's Club:** | **Comments:** |

Waiver: I hereby, for myself, my heirs, personal representatives and executors, waive, release, and forever discharge any and all rights and claims for loss or damages which may have or may hereafter accrue to me against the organizers and sponsors of representatives, for any and all injuries which may be suffered by me in the event. I attest and verify that I am physically fit to engage in this activity.

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| **Player Signature:**<br><br>**Date (MM/DD/YYYY):** | **Parents & Legal Guardian Signature:**<br><br>**Date (MM/DD/YYYY):** |