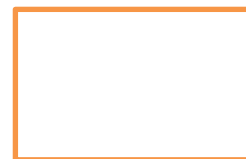




East Coast Elite Volleyball Club Tryout

Walkin Registration Form

2025-2026 Season



TURN IN THE FOLLOWING DOCUMENTS (HARD COPIES) BEFORE TRYOUTS

- 1) **CHRNA 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.

Attending ECE's Tryout Session: ___ FRI, 10/25 @ 13U/14U HoCo ___ SAT, 10/26 @ 13U/14U HoCo Makeup ___ FRI 10/31 @ 15U/16U HoCo SAT 11/1		___ SUN, 11/2 @ 16U/17U FMS ___ SUN, 11/2 @ 15U/16U/17U FMS Makeup ___ MON, 11/3 @ Supplemental#1 TUE, 11/4 @ Supplemental#2	
Full Name (First, Last):		Date of Birth MM / DD /YYYY / /	CHRNA Membership Number:
School Name & Grade		Player's Cell#:	Player's Email:
Team for tryout: 13 14 15 16 17 18 Elite Practice		Experience: Beginner JV Varsity Club? ____ years	Position: S L/DS 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.			
Player Signature:		Parents & Legal Guardian Signature:	
Date (MM/DD/YYYY):		Date (MM/DD/YYYY):	