



TRYOUT #

NJBD TRYOUT FORM

Player Name _____ Date of Birth _____

Address _____ City _____

Zip _____ Cell Phone _____ Home Phone _____

(Players must attend Pinckneyville Middle School)

Grade Level circle one: 6th 7th 8th

Mother's Name: _____ Cell _____

Email _____

Father's Name: _____ Cell _____

Email _____

Previous Volleyball Experience (List none if non-applicable)

Club Name _____ # of Seasons _____ Position _____

Other Experience/Camps _____

Medical Issues Allergies/Physical Concerns for Staff to Note _____

Current or Recent Injuries _____

Liability Waiver and Consent

I am the parent or guardian of the player named in this tryout registration form. I recognize there are inherent risks involved in my child participating in this physical activity. In consideration of the services provided, I hereby release and hold harmless Pinckneyville Middle School, the Gwinnett County Board of Education and Norcross Junior Blue Devils, its directors, coaches and volunteers from any and all liability for injuries, including those resulting in death, and illnesses incurred as a result of having attended these tryouts. I certify that my child is in good health and is able to participate in all programs activities. Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered.

The undersigned has read and understands the above liability waiver and consent and has provided accurate and truthful information on this tryout registration form.

Signature of Parent/Guardian _____ Date _____

For Official Use Only
Physical _____
Tryout Fee _____
Cash/Check # _____