



Mini Season (Players born July 1, 2011 or after)

September - October
1-2 Tournaments in Wesley Chapel or Clearwater

Club Season (Teams ages 11U - 16U)

November 2026 - May 2027
Travel requirement: State Teams may include overnight travel, Regional Teams include overnight and out-of-state

Athlete Information

Player Name *

First Name Last Name

Player's School *

Player's Dominant Hand? *

- Right
- Left
- Other

Player's School Grade:

- Fifth
- Sixth
- Seventh
- Eighth
- Ninth
- Tenth
- Other

Preferred Jersey Number:

Shirt Size: *

Youth Medium

Youth Large

Youth XL

Adult Small

Adult Medium

Adult Large

Adult XL

Other

Has athlete played on a competitive volleyball team? If yes which club(s)? *

Other Contact Parent/Guardian

First Name

Last Name

AAU Membership #: (ADD Club code: UH-W88CQHF) *

All players are required to have an active AAU membership. Go to www.AAUVolleyball.org and purchase an Extended Membership \$24

Primary Contact Parent/Guardian *

First Name

Last Name

Primary Address *

Street Address

City

State / Province

Primary Cell Phone *

Area Code

Phone Number

Primary E-mail *

Postal Zip Code

example@example.com

Self Assessment - Volleyball skill level *

1 2 3 4 5 6 7 8 9 10

Beginner Never Played

Advanced Varsity HS Team

Other Cell Phone

Area Code

Phone Number

Other Email

example@example.com

Are you willing to be a team representative or sponsor?

Team Representative

Sponsor

Team Representative Assist

Other

Tryout Date: July 11, 2026

11U-14U: 9-10:30am

15U-17U: 11:30-1:30

↳ Mini Season non-refundable tryout fee: \$50 (10U-14U Only)

↳ Club Season non-refundable tryout fee: \$50 (All Ages)

If player is trying out for both, the fee is \$100 on tryout date.

!!Mini Season TUITION \$450 (Non Refundable/Paid in Full by August 8, 2025)

!!qqClub Season Non-Refundable DEPOSIT \$500 (Must be made within 2 days of Team Acceptance)

Tryout Fee and Deposit - Cash or Check Only

or manmade objects; and, paralysis and death.

With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, exposure to disease, personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: USAV, RVAs or AAU tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor player named above. The undersigned parent and natural guardian or legal guardian of the player named above and executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in USAV, RVAs or AAU events.

I have read and agree to the ACKNOWLEDGEMENT OF RISKS OF PARTICIPATION *

Yes

No

Confirmation E-mail *

example@example.com

After completing this form, please click Submit Form. You will receive a confirmation email. If you do not receive the email within a few minutes, please check your spam; otherwise, please contact us at Info@GulfCoastJrs.com.

How did you hear of Gulf Coast Juniors Volleyball Club? *

Previous Club/Clinic/Team

Coach

Email

Facebook or other social media

Internet search ie. Google

School

Friend or family (If you check this please add name above)

Other

