A white volleyball in a black circle

AI-generated content may be incorrect.

**Tryout Registration Form [GIRLS only]**

*You must arrive 20 minutes prior to start time on tryout day*

**Age group: 15, 16, 17 and 18**

**Dates: 1st Tryout Saturday July 26, 2025   Time: 6:30 - 9:00 PM**

**2nd Tryout Sunday   July 27, 2025    Time: 8:00 – 10:00 AM**

**Cost: $40.00**

**Location: Bascom Community Center**

**1000 S Bascom Ave, San Jose, CA 95128**

**NCVA Membership Number:** Note: You must register with NCVA to get the above membership number

**PLEASE PRINT:**

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Player’s First Name Player’s Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name or Guardian Player’s Date of Birth Player’s Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address – required for all club communications Cell Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact in case of Emergency Cell Number

Tryout Fee (*Non-Refundable*) Cost: $40.00

Make Check Payable to: Tropical Touch Volleyball Club

I hereby authorize the staff of Tropical Touch Volleyball Club to act on my behalf according to their best judgment in any emergency that requires that my child receives medical attention. I hereby waive and release Tropical Touch Volleyball staff, Campbell Community Center staff, Directors and Volunteers from all liability for any injuries sustained by my child while participating in the Tropical Touch Volleyball Tryouts. Furthermore, I have no knowledge of and physical impairment in my child which would be affected by participation in the Tropical Touch Volleyball tryouts.

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**Signature of Parent or Guardian Date**