A white volleyball in a black circle

AI-generated content may be incorrect.

**Tryout Registration Form [BOYS only]**

*You must arrive 20 minutes before the start time on Tryout Day*

**Age group: 12 - 17**

**1st Tryout Saturday, August 9, 2025   Time: 9:30 AM – 12:00 PM**

**Location: Main gym, Campbell Community Center**

**1 West Campbell, CA 95008**

**2nd Tryout Saturday, August 9, 2025    Time: 6:30 – 9:00 PM**

**Location: Bascom Community Center**

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

**3rd Tryout Sunday, August 10, 2025    Time: 8:00 – 10:00 AM**

**Location: Bascom Community Center**

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

Cost: **$40.00** Make Checks Payable to: Tropical Touch Volleyball Club

**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

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 my child to receive 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 any physical impairment in my child that would be affected by participation in the Tropical Touch Volleyball tryouts.

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**Signature of Parent or Guardian Date**