



Ruby Mountain Volleyball Club

2019-20 Club Season Tryout Registration Form

PLAYER INFORMATION

First Name _____ Last Name _____
Address _____ City _____ Zip _____
Player's Cell # _____ Player's Email _____
Shirt size _____ Height _____ Birth Date _____ Current Age _____
Specialty Position (Outside/Setter/DS) _____ No Specialty _____
Current School attending _____ Grade _____
Do you play other sports? Yes or No What sport and time frame? _____
Why would you like to play club volleyball? _____

PARENT'S INFORMATION

Mother/Legal Guardian Name _____
Mother's Email Address _____ Cell # _____
Father/Legal Guardian Name _____
Father's Email Address _____ Cell # _____

EMERGENCY CONTACT

In case of an emergency, please contact:
Name _____ Cell # _____ Relationship to player _____

CONSENT FOR PLAYER TO PARTICIPATE IN TRYOUT

Signature of Parent or Legal Guardian Date

PAYMENT INFORMATION

Tryout Fee: \$25.00
Pay by Check (make checks payable to RMVC) Check number: _____
Pay by Cash: Pay in person at tryout
Player Tryout Number : _____

Please bring this form and a copy of your birth certificate to tryouts
For more information please visit RMvolleyballclub.com or call 775.397.1539