

# TREMORS

VOLLEYBALL CLUB  
TRYOUT REGISTRATION  
2019-2020

PLAYER INFORMATION	
FIRST NAME:	LAST NAME:
AGE:	BIRTHDATE:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
DIVISION(S) TRYING OUT FOR (circle all that apply):      11    12    13    14    15    16    17	
DATE(S) ATTENDING: <input type="checkbox"/> SAT, NOV 2 <input type="checkbox"/> SUN, NOV 3 <input type="checkbox"/> BOTH DATES	

PARENT/GUARDIAN CONTACT INFORMATION	
FIRST NAME:	LAST NAME:
HOME PHONE:	CELL PHONE:
EMAIL:	

**PLEASE SUBMIT THE FOLLOWING:**

1. SF TREMORS 2019-2020 TRYOUT REGISTRATION FORM
2. SF TREMORS PLAYER PROFILE / EVALUATION SHEET
3. COPY OF NCVA MEMBERSHIP CARD
4. REGISTRATION PAYMENT

CHECK PAYABLE TO: SF TREMORS VBC

TRYOUT FEE (IF RECEIVED BEFORE 11/2/2019): \$35 PER PLAYER, \$40 IF ATTENDING BOTH TRYOUT DATES

WALK-IN REGISTRATION: \$45 PER PLAYER, \$50 IF ATTENDING BOTH TRYOUT DATES

SATURDAY, NOVEMBER 2, 2019		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
16s, 17's	8:35AM-9:00AM	9:00AM-11:00AM
15's	10:00AM-11:00AM	11:05AM-1:05PM
14's	12:00PM-1:10PM	1:10PM-3:10PM
11's, 13's	2:00PM-3:10PM	3:15PM-5:15PM
12's	4:00PM-5:10PM	5:15PM-7:30PM
SUNDAY, NOVEMBER 3, 2019		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
16's, 17's	10:30AM-11:00AM	11:00AM-1:00PM
15's	12:00PM-1:00PM	1:05PM-3:05PM
13's, 14's	2:00PM-3:05PM	3:10PM-5:10PM
11's, 12's	4:00PM-5:10PM	5:15PM-7:45PM

**TRYOUT LOCATION:** HOLY TRINITY GYM, 999 BROTHERHOOD WAY, SAN FRANCISCO, CA 94132

### WAIVER

I hereby authorize the staff of SF Tremors Volleyball Club to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release SF Tremors Volleyball Club, the coaches and volunteers, from any and all liability for any injuries, illnesses, or lost property incurred while at the 2019-2020 Tryouts. I have no knowledge of any physical impairment that would be affected by the named player's participation in SF Tremors Volleyball Club Tryouts. My signature on this waiver also states that the named player is covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to and from, or in conjunction with the said program.

PLAYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR CLUB USE ONLY
BIB #:
CHECK #:

# SF TREMORS VOLLEYBALL CLUB

## PLAYER PROFILE / EVALUATION SHEET

Bib #
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PLAYER PROFILE	
NAME:	
AGE:	BIRTHDATE:
SCHOOL:	GRADE:
PREVIOUS CLUB EXPERIENCE (if any):	
DIVISION(S) TRYING OUT FOR (circle all that apply):    11    12    13    14    15    16    17	
DATE(S) ATTENDING: <input type="checkbox"/> SAT, NOV 2 <input type="checkbox"/> SUN, NOV 3 <input type="checkbox"/> BOTH DATES	
POSITION (check all that apply):	
<input type="checkbox"/> OUTSIDE HITTER <input type="checkbox"/> MIDDLE BLOCKER <input type="checkbox"/> RIGHT HITTER <input type="checkbox"/> SETTER <input type="checkbox"/> DEFENSIVE SPECIALIST / LIBERO <input type="checkbox"/> NO PREFERENCE	
HANDED:    RIGHT    LEFT	HEIGHT:
CONTACT INFO IF OFFERED A POSITION:	
PHONE #:	
EMAIL:	

### PLAYER EVALUATION

FOR STAFF USE ONLY		
SKILL RATING	COMMENTS	EVALUATOR
PASSING	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
SETTING	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
HITTING	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
SERVING	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
TEAM PLAY	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
ADDITIONAL COMMENTS:		