

USAV AGE GROUP: _____

Savannah River Select Tryout Information 2023-24 Season

Office Use ONLY

SRS Tryout #	Paid: Cash or Check # _____
USAV Tryout Membership: YES or NO	SRS Liability/Covid Waiver: YES or NO

Player Name: _____ Parent Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Right/Left Handed: _____

Date of Birth: _____ Grade: _____

School Attended: _____ Height: _____ Weight: _____

Player Cell # _____ Player Email: _____

Parent Cell #1 _____ Parent Email #1: _____

Parent Cell #2 _____ Parent Email #2: _____

Have you played club volleyball before? YES or NO What club? _____

What is your primary position? _____

Please list ALL other school sports played during club season ? _____

If trying out with multiple clubs, please list other clubs _____

What level are you able to commit to for the entire season?

_____ Power/Open: (\$2150: U14-U18)

_____ Club: (\$1250: U12, \$1350: U13-U18) _____ Hybrid/Combo: (\$1600: U13-U17)

If selected for a top-level team, I am interested in continuing in extended season through AAUs in June Additional fees would apply YES or NO

Athletes Signature _____

If under 18, Parent/Guardian must sign _____

Printed name of Parent _____