

USAV AGE GROUP: \_\_\_\_\_

## Savannah River Select Tryout Information 2026-27 Season

\*Office Use ONLY\*

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

Player Name: \_\_\_\_\_ Parent(s) 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?

\_\_\_\_\_ Open/Power: (\$2500: U14-U18)

\_\_\_\_\_ Hybrid/Power: (\$1900: U13-U18)

\_\_\_\_\_ Club: (\$1500: U12, \$1700: U13-U17)

\*\*If selected for a top-level team, I am willing/able to continue 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 \_\_\_\_\_