



2011 High Performance Indoor National Programs Tryout Application

USA Volleyball.

How did you hear about USA Volleyball tryouts? Please circle.

USA Volleyball Magazine - Email - Coach - Teammate - Rotations - Website - HP Newsletter - Other _____

FOR OFFICE USE ONLY

FSL SEL \$ _____

YNT JNT CK / CASH / CREDIT

CK# _____

T-SHIRT

PINK _____

BLUE _____

Indicate Racial/Ethnic Heritage (Optional):

- Asian*
- Caucasian*
- American Indian or Alaskan Native*
- Native Hawaiian or other Pacific Islander*
- Hispanic or Latino
- Two or more races*
- Black or African American*
- Other _____

* Not Hispanic or Latino

Are you (optional):

- Hearing Impaired/ Deaf (Deaflympic Talent ID)
- Disabled Physically (Paralympic Talent ID)

Adult T-shirt Size

- S
- M
- L
- XL

Position (Mark only one):

- SET- Setter
- MB- Middle
- OH-Outside Hitter
- LIB-Libero

Cancer Research T-Shirts:

I would like to purchase a blank t-shirt for \$10 and donate \$5 to breast or prostate cancer research. Pink Blue

Tryout Location: _____ Date: _____

Name _____
First Last

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Are you a U.S. Citizen? Yes No

Year of HS Graduation _____

Primary Phone (____) - _____ Secondary Phone (____) - _____

Parent/Guardian Names _____
First Last

Parent Email _____

Athlete Email _____

Pin # or last 4 digits of SSN _____ (Used for online posting of tryout results)

Team Information (If applicable)

Club Name _____	Age Group _____	Uniform # _____	High School _____
Club Coach Name _____	High School Coach Name _____		
Club Coach Email _____	High School Coach Email _____		

You must supply your 2010-2011 USAV Member Number and Region Name below. This can be obtained from your club coach/director or directly from your USAV Region. If you are not a member or do not submit your member number, you will be required to pay for a \$5 one-time event membership at the tryout, which is non-refundable. Current USAV member: Yes No
Region: _____ USAV Membership #: _____

I agree to allow USA Volleyball to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, with my approval in advance of such use, and without financial or other compensation due to me.

Athlete Signature _____ Date _____

Parent Signature (if athlete is under age 18) _____ Date _____

FEES: Early/Online, Emailed, Faxed or Mailed tryout registration closes/ not accepted after 6am MST 3 days prior to the day of the tryout
\$65 Early/Online Registration -- \$75 Faxed or Mailed Registration -- \$100 Walk Up Registration -- \$5 One-Time Event Membership (if required)

Credit Card Payment:

- Visa
- Mastercard
- Discover

Card # _____ Exp. Date _____ Sec. Code: _____

If credit card billing address is not the same as above, please list billing address below:

Street Address: _____ City: _____ State: _____ Zip: _____