



For Kaboom use only:
PARTICIPANT NUMBER:

For Kaboom use only:
AGE DIVISION FOR SEASON:

CLUB KABOOM VOLLEYBALL TRYOUT FORM

NAME: _____
LAST FIRST

BIRTH DATE: ____/____/____ CURRENT AGE: _____

HEIGHT: _____ WEIGHT: _____ HANDED: Right Left (Circle one)

STREET ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ ALT PHONE: _____

PLAYER'S EMAIL ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____

SCHOOL IN FALL: _____ GRADE IN FALL: _____

PREVIOUS POSITIONS PLAYED: _____

PREVIOUS VOLLEYBALL EXPERIENCE: _____

PREFERRED POSITION: _____

TYPE OF TEAM DESIRED:(Circle one) LOCAL IN-STATE TRAVEL OUT-OF-STATE TRAVEL

ADDITIONAL SPORTS PLAYED: _____

(Please be advised that missing practice or a tournament for another school or club sport is considered an unexcused absence and two unexcused absences gets you released from the club without any refund of previously paid fees. So, you need to make sure that your other sport will not interfere with your commitment to Kaboom.)

Tryout Fee: \$40.00 in advance – form must be received by June 25, 2008
or \$55.00 at the door

Cash, check or money order (payable to Club Kaboom)

Do not write in table (CLUB USE ONLY)

Test	Attempt 1	Attempt 2	Attempt 3	Best
Medicine Ball Throw (in inches)				
Standing Reach (in feet and inches)				
Block Touch (in feet and inches)				
Approach Touch (in feet and inches)				
Sprint (in seconds)				
Pro Agility Test (in seconds)				

WAIVER AND RELEASE OF LIABILITY

I certify my child, registered on this form, is in good health and may participate in all volleyball tryout and practice session activities. I understand participation is not without some inherent risk of injury. As such, in consideration of my child's participation in the Club Kaboom Volleyball, Inc. tryout and practice sessions, I hereby waive and release the Club Kaboom staff and the West Houston Indoor Soccer facility from all liability for injury or illness incurred while participating in the tryout and/or subsequent practices. I also give my permission for any emergency medical care or treatment, including transportation that may be required.

I hereby authorize the directors of the Club Kaboom Volleyball or any designated representative to act for and in accordance with their judgment in an emergency requiring medical attention. I further waive and release Club Kaboom Volleyball, Inc. from liability for any damages from injuries and/or illnesses sustained at the Club Kaboom Volleyball tryout and subsequent practice sessions, if applicable.

I know of no mental or physical conditions which might affect my child's ability to safely participate in the tryout or practices or I have notified the instructors of any and all physical or mental ailments my child has experienced of which they should be aware.

Parent/Guardian Signature

Date

In case of an emergency, please notify:

Phone # _____

FOR ADVANCED REGISTRATION:

**MAIL COMPLETED TRYOUT FORM, FEE AND SIGNED WAIVER TO:
CLUB KABOOM VOLLEYBALL**

P.O. BOX 448

FRESNO, TX 77545

***** MUST BE RECEIVED BY JUNE 25, 2008**

DO NOT WRITE BELOW THIS LINE (CLUB USE ONLY):

OFFERED POSITION IN PROGRAM: Y or N ACCEPTED POSITION: Y or N

AGE DIVISION: _____

TEAM: _____