Please mail form and non-refundable check to:
Columbus Volleyball Academy
c/o Scott Nelson
5640 Adventure Dr.
Dublin, OH 43017

Athlete Profile Form

In order to be eligible for the early registration discounted fee of $15, completed forms and non-refundable check made payable to **"Columbus Volleyball Academy"** must be received 10 days prior to the tryout date. All other registrations will be assessed a $25 tryout fee including walk-up participants.

Your name:_____ Tryout Age Group: U13 ☐

U14 ☐

Date of birth:_____ Current Age:_____

U15 ☐

Your email address:_____

U16 ☐

Parent or Guardian:_____

U17 ☐

U18 ☐

Street Address:_____ School: _____

City:_____ Zip:_____ Grade: _____

Home phone number: ( )_____ Cell phone number: ( )_____

T-shirt size: ☐ S ☐ M ☐ L ☐ XL

Position(s) played: ☐ Setter ☐ Outside Hitter ☐ Right side Hitter

☐ Middle Hitter ☐ Defensive Specialist ☐ Libero

In case of emergency please contact: _____ Relationship:_____

Phone number:( )_____

Waiver of liability

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claim for damages I may have against Columbus Volleyball Academy, Olentangy Liberty High School, the directors and coaching staff, or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this tryout, and which may arise in my traveling to, participating in or returning from this tryout. Parent(s), guardian authorize the Columbus Volleyball Academy and its staff to act in the best interest of the applicant, in Columbus Volleyball Academy's discretion, in the event of injury to the applicant.

_____ _____ _____ _____

Athlete's signature Date Parent/guardian signature Date