

RVA TRYOUTS 2017-2018 SEASON – PLAYER REGISTRATION FORM
ALL TRYOUTS ARE HELD AT CENTER COURT
815 Northview Rd, Waukesha, WI 53188

10s-12s

TRYOUT #1 - October 8, 2017 4pm-5:30pm
TRYOUT #2 – October 10, 2017 4:30pm-6pm

13s

TRYOUT #1 – October 7, 2017 5:30pm-7:30pm
TRYOUT #2 – October 8, 2017 7:30pm-9pm
TRYOUT #3 – October 10, 2017 4:30pm-6pm

14s

TRYOUT #1 – October 7, 2017 7:30pm-9:30pm
TRYOUT #2 – October 8, 2017 6pm-7:30pm
TRYOUT #3 – October 10, 2017 4:30pm-6pm

15s

TRYOUT #1 – November 11, 2017 4pm-6pm
TRYOUT #2 – November 12, 2017 8am-10am
TRYOUT #3 – November 14, 2017 6pm-7:30pm

16s-18s

TRYOUT #1 – November 11, 2017 7pm-9pm
TRYOUT #2 – November 12, 2017 11am-1pm
TRYOUT #3 – November 14, 2017 6pm-7:30pm

Cost \$35.00 (pre-registered) / \$45.00 (at the door) Cash or Check made payable to: RVA

If pre-registering, send forms and check to:

RVA, Attn: Heather Curley, 815 Northview Road, Waukesha, WI 53188

***ONLINE REGISTRATION AVAILABLE – SEE WEBSITE**

All players must register on the USAV WebPoint System beginning on September 1st, 2017 to be eligible to tryout with any Badger Region Club. When registering, please leave your club “**undecided**” for purposes of tryouts. Go back into WebPoint and select **Revolution Volleyball Academy** only after accepting an offer from our club. We recommend that you pay the tryout membership and upgrade to full membership once you accept with our club.

Please Note: Registering on WebPoint is **NOT** registering for Revolution Volleyball Academy tryouts

2017/2018 USAV Medical Release Form and Concussion release form must be on file or presented prior to tryouts. These forms are available on our website: **www.revolutionwi.com** under the Links/Handouts Tab.

Player’s Name:		
Address:		
City:	State:	Zip:
Player’s Email:		Player’s Phone:
DOB:	Age Level trying out for (circle): 10s 11s 12s 13s 14s 15s 16s 17s 18s	
Member Registration number from WebPoint:		
T-Shirt Size (<i>circle</i>) YL AS AM AL AXL		
Parent/Guardian Names:		
Parent/Guardian Email:		Phone:
Emergency Contact:		Phone:
1 st POSITION TRYING OUT FOR:		
2 nd POSITION TRYING OUT FOR:		

The above participant has my permission to participate in the RVA tryouts. I certify to the best of my knowledge that the participant named above is physically fit to engage in the activities described. If during the course of the activities, the participant should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I will assume financial responsibility for the bills incurred.

Signed:	Date:
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