

**RVA Tryouts 2017-2018 Season
BOYS PLAYER REGISTRATION FORM**

**ALL TRYOUTS ARE HELD AT CENTER COURT
815 Northview Rd, Waukesha, WI 53188**

BOYS 12s & 13s

TRYOUT #1 - November 17, 2017
6pm-8pm – 12s & 13s

TRYOUT #2 – November 18, 2017
8am-10am – 12s
10am-12pm – 13s

Cost \$20.00 (pre-registered) / \$30.00 (at the door) Cash or Check only 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 RVA tryouts
<http://badgervolleyball.org/register-with-badger-region-usav/>

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 (<i>circle</i>)	12s	13s
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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