



# 2025-2026 Registration Form

(Complete this form and return with all required forms at tryouts.)

**Required forms for tryouts include:** Registration Form

Media Release/Parental Consent Form

USAV Medical Release Form

**Bring a copy of your birth certificate unless you played for East Denver Volleyball Club last year.**

## **Player Information:**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **Volleyball Experience:**

Team \_\_\_\_\_ Position \_\_\_\_\_ Coach \_\_\_\_\_

### **Club Use Only**

Tryout Number \_\_\_\_\_

Team (12U, etc) \_\_\_\_\_

\_\_ Birth Certificate

\_\_ Medical Release

\_\_ Parental/Media Release

\_\_ Tryout Fee \_\_\_\_ Method

## **Parent Information:**

Father Mother  
Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

## **Insurance:**

Name of Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Card # \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Employer \_\_\_\_\_

## **Other Sport Activities:**

List any other sports you will be participating in between November 10, 2025 and May 30, 2026:

\$30 Processing Fee for NSF checks.