

X-Court 2009 Supplemental Registration Form

- To register for tryouts and participate with the X-Court Volleyball Club you will need to complete the following forms:
 - 1) USA Youth & Junior Olympic Volleyball Player Medical History and Release Form. The form is available in the KRVA website at www.krva.org/resources/documents
 - 2) X-Court Supplemental Registration Form
- ***You must complete your USAVB membership on the KRVA website (www.krva.org) and bring your membership card with you to tryouts. You need to renew or establish your membership prior to tryouts.***
- **Pre-registering** will help your daughter and the club proceed more smoothly through tryouts, getting everyone on the court faster and with less down time.
- Due to the large amount of upfront costs to register individuals and teams for tournaments, we are requiring that ½ of the team fee be paid with the acceptance to join a team and ½ by January 1st to obtain the uniform.
- For overnight tournaments, a block of rooms will be reserved by the Club. Players and families will be expected to obtain housing in that block of rooms. There will be no chaperones. Families will be responsible for their player during non-playing times. If a family cannot attend, they will need to designate a family to be responsible for their child.
- Team selection is at the coach's discretion.

Please fill out this form and return with your registration

X-Court 2009 Supplemental Registration Form

Name _____

Age level _____

If selected, I will be participating in all overnight events. Yes / No (circle one)

I understand I will be staying in non-dorm housing. I understand that I am responsible to request rooming from the club block and I am responsible for the cost of the rooming.

Yes / No (circle one)

I understand that ½ of the team fee is due with my acceptance of an offer to participate on a team and that the other ½ is due by January 1, 2009 in order to receive my uniform. Yes / No (circle one)

Parent email address _____

(For club and coach communications)

Player email address _____

(Optional)

Signature of Parent or Guardian _____

Please complete and mail all forms and tryout fee to:

X-Court Volleyball Club

PO Box 391

Shillington, PA 19607

(Make checks payable to X-Court VBC)