



# VOLLEYBALL TRYOUT QUESTIONNAIRE

**PRINT CLEARLY!!**

(circle one value)

Athlete's Name: \_\_\_\_\_ Gender: **F / M**

Athlete's Current School: \_\_\_\_\_

Grade: \_\_\_\_\_ Athlete's Age: \_\_\_\_\_ Athlete's Birth Date: \_\_\_\_\_  
**Include YEAR!!**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete's Email: \_\_\_\_\_ Athlete's Cell #: (\_\_\_\_) \_\_\_\_\_

Primary Parent's Name: \_\_\_\_\_ Parent's Cell #: (\_\_\_\_) \_\_\_\_\_

**This will be used for tryout communication. PRINT CLEARLY!!** → Parent's Email: \_\_\_\_\_

Which dates do you plan to tryout? The more chances we have to evaluate you, the better!

**Girls 15u-18u:**

Friday July 31

Sunday August 2

**Girls 11u-14u:**

Friday September 25

Sunday September 27

**Boys 11u-18u:**

Saturday September 12

Tuesday September 15

### Previous Travel VB Experience:

(check one value)

Year:	Club Name:	Team Name:	Team Level:	Starter:	Full Rotation:	Primary Position:	Secondary Position:
2025/2026			<input type="checkbox"/> National <input type="checkbox"/> Regional	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L
2024/2025			<input type="checkbox"/> National <input type="checkbox"/> Regional	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L
2023/2024			<input type="checkbox"/> National <input type="checkbox"/> Regional	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L

### School VB Experience for the most recent 3 years:

Grade: (circle one per row)	School Name:	Level:	Starter:	Full Rotation:	Primary Position:	Secondary Position:
7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		MS / JV / V	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L
7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		MS / JV / V	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L
7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		MS / JV / V	Y / N	Y / N	OH MH RS S DS/L	OH MH RS S DS/L

➤ What position(s) would you prefer to play at CPVC? (NOTE: This is **NOT** a guarantee you will play those positions!):  
Check all that apply: OH MH RS S DS/L No preference

➤ Please list other sports or activities (school or otherwise) you will be participate in:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

➤ Do you expect to be able to attend ALL tournaments?: Yes No If no, please explain: \_\_\_\_\_

➤ What percentage of practices do you expect to attend?: Check only one: 90%-100% 75%-89% 60%-74% 59% or less  
If any percentage other than 90%-100% was selected please explain why it would be a struggle for you to attend practices regularly:

➤ It is entirely up to the coaches and directors who is offered a position on Semi-National or National teams; it is **NOT** by the athlete's request. **IF** we were to offer YOU a position on a Semi-National or National level team, are there any personal challenges you have that would prevent you from accepting that position such as family finances, transportation issues, or limited time availability?

\_\_\_\_\_ **No**, I don't have any reason to decline a Semi-Nat/National position. \_\_\_\_\_ **Yes**, it would be difficult or impossible for me to accept a Semi-Nat/National position.

(if yes, please explain) \_\_\_\_\_ This information will be kept confidential!

➤ How likely are you to accept a team placement offer from CPVC at the following levels?... (circle one value for EACH level)

National Level Team?					Semi-National Level Team?					Regional Level Team?				
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Very UNLIKELY to accept -----> Very LIKELY to accept					Very UNLIKELY to accept -----> Very LIKELY to accept					Very UNLIKELY to accept -----> Very LIKELY to accept				

➤ I testify that I have read and agree to the Release, Indemnification and Hold Harmless Agreement and photo/video release on the back of this form. **I understand that a tryout does NOT guarantee an offer for team placement even if I/my child played for CPVC the previous season.** I understand that I have a maximum of 72 hours upon receiving an official offer to accept AND pay a \$260 acceptance fee (that will be applied towards season dues) or the team offer will be considered forfeited.

Parent Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in volleyball, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Carolina Performance Volleyball Club, LLC and its owners, directors, officers, employees, agents, volunteers, participants, independent contractors acting on behalf of CPVC and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that volleyball involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, playing volleyball, medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of actions which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such conditions.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document on the front side of this paper, I agree that if I/my child is hurt or our property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

## PHOTO/VIDEO USE RELEASE FORM

I hereby grant and authorize Carolina Performance Volleyball Club, LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me/my child to be used in and/or for legally promotional materials including, but not limited to Facebook, Instagram, Youtube, flyers, posters, advertisements, fundraising letters, websites, social networking sites and other print and digital communications, without payment or any other consideration.

I understand and agree that these materials shall become the property of Carolina Performance Volleyball Club and will not be returned.

I hereby release Carolina Performance Volleyball Club from all liability, petitions, and causes of action which I, my heirs, director, coaches staff or any other persons may make while acting on my behalf.

I have read this release before signing on the front side of this paper and I fully understand the contents, meaning, and impact of this release.