



(For Official Use Only) Tryout Number: _____

Player Information For Tryouts

Thank you for your interest in joining the Empower Volleyball Club family! We're excited about the opportunity to evaluate your skills and get to know you as both an athlete and a young woman. Our tryouts are designed to assess not only your volleyball abilities but also how you embody our core values of Empowerment, Excellence, Teamwork, Family, and Integrity.

Please complete this form thoroughly and bring it with you to tryouts along with your Badger Region membership confirmation and completed concussion form. We believe in building each other up, and we're looking forward to seeing what makes you special on the court.

Player Legal Name (First M.I. Last): _____

Street Address & City: _____

Phone (if available): _____

Email Associated With Badger Region Membership: _____

Height: _____ Right/Left Handed: _____

Preferred Position: _____ Secondary Position: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Emergency Contact During Tryout: _____

Please ensure all information is complete and accurate. This form must be submitted at tryouts along with your Badger Region membership confirmation and Wisconsin Concussion Fact Sheet.