

2020 Black Hills Junior Olympic Volleyball

PRIOR TO TRYOUTS PLEASE VISIT <http://www.bhjuniors.com> TO FIND INFORMATION ON BHJ VOLLEYBALL AND FAMILIARIZE YOURSELF WITH OUR PROGRAM. YOU WILL ALSO FIND AN AGE DEFINITION SHEET WHICH WILL IDENTIFY WHAT AGE GROUP YOUR DAUGHTER MAY TRYOUT FOR. WE ASK THAT YOU DETERMINE IF YOU WILL BE PLAYING HALF OR FULL SEASON PRIOR TO TRYING OUT.

IF YOU HAVE QUESTIONS CONTACT KYLIE VOORHEES AT 605-415-3905 kbvoorhees1234@gmail.com
OR SARAH TUCKER AT 605-430-1962 sarahktucker@hotmail.com.

TRYOUT DATES: December 15th and 16th (Sunday and Monday)

TRYOUT TIMES: December 15th: 15-18 year olds 10:00-2:00pm
12-14 year olds 2:30-6:30pm

December 16th: 12-14 year olds 6:00-7:30pm
15-18 year olds 7:30-9:00pm

TRYOUT LOCATION: West Community Center

TRYOUT FEE: \$15.00 Nonrefundable (Cash Only) Please bring registration form and fees to tryouts. (DO NOT MAIL)



PLAYERS MUST ATTEND BOTH TRYOUT DAYS FOR PROPER EVALUATION

PARENT/PLAYER MEETING: Athletes who are selected for a BHJ team will have a MANDATORY meeting following tryouts. This meeting will take place Tuesday, Dec. 17th at 6:30pm in the Stevens High School cafeteria. During this parent/player meeting half of your club dues (Half Season - \$575, Full Season - \$875.00) for the 2020 season must be paid. (Half of Half Season = \$287.50; Half of Full Season = \$437.50) Practice player opportunities available...more information can be found on our website. Fundraising opportunities will be discussed during this meeting.

2020 BLACK HILLS JUNIOR OLYMPIC VOLLEYBALL TRYOUT REGISTRATION FORM

Player Name _____ Age Group _____

Player Email _____ Player Phone _____

School Attending _____ Current Grade _____ Team/Level Played in School _____

Height _____ Positions Played _____ Birth Date _____ Age _____

Parent/Guardian Name _____

Parent Email _____ Parent Phone _____

Emergency Contact _____ EC Phone _____

Insurance Provider _____ Policy Number _____

Insurance Cardholder Signature _____

I, _____, the parent/guardian of the registrant agree that the registrant and I will abide by all the rules and regulations of the Black Hills Juniors a member of the North Country region. I hereby release, discharge and/or otherwise indemnify BHHJRS its affiliated organizations and sponsors, their employees and the associated personal including the owners of the facilities used for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program; provided however, that nothing contained herein shall release or discharge BHHJRS from negligence or the negligence or its employees or officers. I also, hereby specifically state that the above-named registrant is physically fit to play volleyball and further give my consent for emergency medical care for said registrant prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of said registrant.

Parent Signature (if under the age 18) _____ Date _____