

Home School Athletic Association

Fall 2010 Girls Volleyball Tryout Application

Athlete Name: _____

Fall 2010 Grade Classification (middle school): 6th 7th 8th

Fall 2010 Grade Classification (high school): 9th 10th 11th 12th

Birth date (MM/DD/YY): _____ Age Today: _____

Parents' Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____

Athlete's Cell Phone: _____

Athlete's E-mail: _____

Parents' Cell Phone: _____

Parents' E-mail: _____

Co-op Attending: _____

Co-op School Days _____ Times _____

Community College Attending: _____

of Hours (Fall 2010) _____ # of Hours (Spring 2011) _____

Questions:

- Years of volleyball played: _____ Primary Position: _____
- My strongest volleyball skill is: _____
- Skill I want to improve most in 2010-2011 is: _____
- I have had paid instruction for volleyball skills in the past 12 months: Yes _____
No _____ Please elaborate - _____
- I understand and accept that there may be games where I don't get to play if that's what the coach thinks is best for me or best for the team? Yes _____ No _____
- I understand and agree that hustle and attitude may affect my playing time.
Yes _____ No _____

- I understand and agree that it is my responsibility to talk to the coach and not the other players/parents if I disagree with decisions the coach makes. Yes___ No___
- I would rather sit on the bench on the Varsity team than be a starter on the JV team. Yes___ No___
- I am willing to work “outside of practice” on specific skills (as requested and/or needed) to improve my game? Yes___ No___
- I understand I will be asked to participate in conditioning programs outside of regularly scheduled workouts? Yes___ No___
- I may have co-op classes or community college classes that do not end before 4:00 in the afternoon. Yes___ No___ If “yes”, what day(s) of the week? _____
- I will be working part-time during volleyball season. Yes___ No___ If yes, please elaborate - _____
- I am a senior and would like to make the team even if it means not having much playing time. Yes___ No___
- As a member of the Team, I understand I will be expected to participate in team-wide fundraisers to help the volleyball program. Yes___ No___
- Answer the following questions only if you are **NOT** a senior:
 - If I don’t make the Varsity team, I’d rather not play. Yes___ No___
 - If I don’t make the JV team, I’ll probably give up volleyball. Yes___ No___
- If I make the varsity team, I can travel to Omaha, Nebraska for the national tournament (tentatively scheduled for November 3-7). Yes___ No___

Please read the HSAA eligibility requirements to ensure that you meet the organization's qualifications!

Please initial & certify to the following HSAA guidelines:

<i>Player Initials</i>	<i>Parent Initials</i>	
_____	_____	I have read the <i>HSAA Eligibility Requirements</i> and certify that I am a homeschooled student and eligible to play for HSAA.
_____	_____	I have read the <i>HSAA Expectations</i> and agree that I will abide by these standards.
_____	_____	I have read the <i>HSAA Appearance Guidelines</i> and agree that I will abide by these standards.

Signed (Player) _____ Date: _____

Signed (Parent) _____ Date: _____