

Home School Athletic Association

Fall 2011 Girls Volleyball Tryout Application

Athlete Name: _____

Fall 2011 Grade Classification (middle school): 6th 7th 8th

Fall 2011 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 2011) _____ # of Hours (Spring 2012) _____

Questions:

- Years of volleyball played: _____ Primary Position: _____
- My strongest volleyball skill is: _____
- Skill I want to improve most in 2011-2012 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 2-6). Yes___ No___

In order to assure your health and safety, all Student Athletes will be required to supply a Physical Evaluation Form signed by their doctor. Sample Form can be found on the HSAA Website or your Doctor may prefer to provide their own.

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: _____