WESTSIDE WARRIORS

GIRLS VOLLEYBALL CLUB | TRYOUTS: $30 | 2015-16

12S/13S/14S INQUIRE FOR MAKE-UP TRYOUTS

12S: TRYOUTS

SATURDAY, OCT. 3, 12:15-1:30PM

MAKE-UP TRYOUT

SUNDAY, OCT. 4, 12-1PM

13S: TRYOUTS

SATURDAY, OCT. 3, 1:30-2:45PM

MAKE-UP TRYOUT

SUNDAY, OCT. 4, 1-2PM

14S: TRYOUTS

SATURDAY, OCT. 3, 2:45-4PM

MAKE-UP TRYOUT

SUNDAY, OCT. 4, 2-3PM

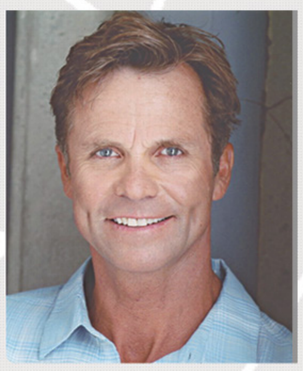
LOCATION: PACIFIC PALISADES CHARTER HIGH SCHOOL - 15777 BOWDOIN STREET

ALL PRACTICES WILL BE AT PACIFIC PALISADES CHARTER HIGH SCHOOL

CHECK OUT THE SANTA MONICA BEACH VOLLEYBALL CLUB – AGES 9 TO 18 FALL PROGRAM

IMPORTANT!

PLEASE FILL OUT THE REGISTRATION FORM AND BRING IT TO THE TRYOUT OR YOU CAN REGISTER ONLINE BY DOWNLOADING THE FORM UNDER "TRYOUTS" VIA: WWW.WESTSIDEWARRIORSVBC.COM.



COACH: DANE SELZNICK 2004 OLYMPIC GOLD MEDAL COACH

3-TIME OLYMPIC BEACH VOLLEYBALL COACH | 2007 U21-U19 HEAD COACH
2005 USAV COACH OF THE YEAR | 2003 CALIF. BEACH HALL OF FAME INDUCTEE
2005 USOC COACH OF THE YEAR | PALISADES HIGH ALL-AMERICAN - ALL-CIF
1980 WORLD BEACH CHAMPION | 14 PRO BEACH TOUR WINS

KERRY WALSH: *"In the world of beach volleyball, Dane is the best coach hands down. He combines his expertise, passion and love of the game. Dane was the number one reason Misty and I won the Gold Medal in Athens. He can take any player to the highest level possible."*

CONTACT DANE AT 310-666-7247 | DANESELZNICK@MAC.COM

WESTSIDE WARRIORS VOLLEYBALL CLUB

2015-2016 PLAYER REGISTRATION FORM

TRYOUT #: _____

AGE DIVISION _____

● **PLEASE COMPLETE 2 COPIES**

PLAYER'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

CELL: _____

Please attach photo here.

AGE: _____ BIRTHDAY: _____ HEIGHT: _____ POSITION: _____

SCHOOL/GRADE: _____ HS GRADUATION YEAR: _____

PARENT INFORMATION

Mother's Name:_____

Phone: _____ Cell: _____

E-Mail: _____

Father's Name:_____

Phone: _____ Cell: _____

E-Mail: _____

I give my child, who is named above, permission to try out for the Westside Warriors Volleyball Club (WWVBC) which is an organization composed of competitive teams. I understand that the WWVBC has the discretion to invite my child to participate on one of its teams, or play in one of its events, and that I can accept or decline that invitation. If I accept, I understand that it is mandatory for my child to participate and that there will be costs that I will be responsible to pay.

Waiver and Release: I hereby indemnify, defend and hold harmless the Westside Warriors Volleyball Club (WWVBC) and its owners, officers, agents, volunteers and employees from any and all claims arising out of injury, accidents, or illness to my child named above while participating in any WWVBC clinics, tryouts, training, practices, tournaments, WWVBC events and activities as well as travel associated with the club's activities. I authorize the WWVC to act for me according to their best judgment in any emergency or other situations related to the club's activities requiring medical attention or discipline.

My signature below constitutes consent to the applicability of the two preceding paragraphs for the duration of my child's participation with the Westside Warriors Volleyball Club.

PARENT'S SIGNATURE _____DATE: _____

DANE SELZNICK - DIRECTOR

— CELL: 310-666-7247 —

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E- Mail: daneselznick@mac.com - www.westsidewarriorsvbc.com