



2011 -2012

Pipeline Volleyball Club Tryouts

All Players MUST register w/USAV before attending any tryout, please go to <http://www.greatlakesvolleyball.org> or visit the Pipeline website for Directions for New and Returning Players!!

Tuesday, Sept. 6th, 2011 and Wednesday, Sept. 7th, 2011

Players must attend both tryout dates!!!

(If not able to make either date please call or email director to schedule a tryout)

7th Grade, 8th Grade, Freshmen, Sophomores (13, 14, 15, 16)

Registration 5:30pm; Tryout 6:00-8:00pm

16 and Under Division: Players who were born on or after September 1, 1995

15 and Under Division: Players who were born on or after September 1, 1996

14 and Under Division: Players who were born on or after September 1, 1997

13 and Under Division: Players who were born on or after September 1, 1998

Juniors & Seniors (17, 18)

Registration 7:30pm; Tryout 8:00-10:00pm

17 and Under Division: Players who were born on or after September 1, 1994

18 and Under Division: Players who were born on or after September 1, 1993 or Players who were born on or after September 1, 1991 and a high school student in the twelfth (12th) grade or below during some part of the current academic year

Try-Out Location: Lake Barrington Fieldhouse

28145 W. NorthPointe Parkway Lake Barrington, IL 60010

(Home of Pipeline Volleyball Club)

TRYOUT FEE: \$25

Attached waiver form MUST be signed by a parent in order to try out

SOME FACTS ABOUT PIPELINE VBC

THE TEAMS

- Pipeline is a club in the northwest suburbs devoted specifically to junior boys' volleyball. The coaching staff combined has over 50 years of junior coaching experience and has 6 staff members that have been head coaches at the USAV open level.
- Pipeline will be practicing out of Lake Barrington Fieldhouse for the upcoming season. Practices will be 2-3 hours in length 2-3 times per week.
- Pipeline VBC is proud to be sponsored by Quicksilver Inc. for the upcoming season.
- Pipeline is committed to keeping team sizes to 10-11 players per team to provide an opportunity for all players to improve.

THE SEASON

- The season is Late September through mid February. There is then a break for the IHSA boy's high school season. Teams will return the first week of June for a summer session, with the season concluding with USA Junior Nationals the first week of July.

TOURNAMENTS

- Pipeline teams will participate in tournaments on the weekend in the Chicago area, typically 2-4 days of tournament play per month beginning in late October. The teams will also attend two to three National Qualifier level tournaments in the Midwest (St. Louis, Milwaukee area). Teams will attend nationals at the beginning of July.

Questions?

Email or Call Club Directors: Randy Bergstedt - 312-208-3101 or Rob Ridenour - 773-512-9538
pipelinevbc@gmail.com | www.piplinevbc.com



Tryout Waiver and Release Form

Athlete's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Athlete's Cell Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Athlete's Date of Birth: _____

Athlete's Age on 9/1/2012: _____

Height: _____ T-Shirt Size: S___ M___ L___ XL___

Experience Level: School _____ Yrs _____ Club _____ Yrs _____

Parent/Guardian: _____ (relationship) _____

Emergency Contact Phone: _____

Physician's name: _____ Phone: _____

Primary Insurance Co: _____

Group/Policy #: _____

Medical Conditions: _____

Recent Injuries: _____

Limitations: _____

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that participation in a volleyball event can cause death, serious injury, or property damage. With the full understanding of the potential risk, I hereby assume the risk of participating.

The above participant has my permission to participate in the Tryout. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named heron is physically fit to engage in the activities described.

If, during the course of the activities, I/She/He should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred.

Signed _____ Date _____

Participant (if under 18-Parent/Guardian)

Complete this form, include payment, and mail to:

Pipeline VBC
PO Box 95631
Palatine, IL 60095-0631
pipelinevbc@gmail.com