



3350 Noble Way, Suite A, Valdosta, GA 31605
admin@fissionvolleyball.com
FissionVolleyball.com
(229) 302-4464



PRE-TRYOUT PACKET

for Parents & Players

IMPORTANT: PLEASE READ THIS PACKET IN ITS ENTIRETY & RETURN ALL REQUIRED DOCUMENTATION **PRIOR** TO TRYOUTS. PARTICIPATION IN TRYOUTS WILL NOT BE ALLOWED WITHOUT THE PROPER SUBMISSION & APPROVAL OF ALL PAPERWORK. ONCE COMPLETED, THE REQUIRED DOCUMENTATION CAN BE RETURNED BY EMAIL TO ADMIN@FISSIONVOLLEYBALL.COM, IN PERSON AT 3350 NOBLE WAY, SUITE A, VALDOSTA, GA 31605, OR BY UPLOADING IT DIRECTLY TO FISSIONVOLLEYBALL.COM.

GENERAL INFORMATION & AGENDA

All players (returning and new) should purchase tickets *before* Tryouts online using the links below:

MAIN TRYOUTS

July 12th, 2026 | VSU Recreation Center | 1300 Sustella Ave, Valdosta, GA 31601

1:00PM – 3:00PM: Ages 16U + 17U + 18U (All Tiers)

3:00PM – 5:00PM: Ages 13U + 14U + 15U (All Tiers)

5:00PM – 7:00PM: Ages 10U + 11U + 12U (All Tiers)

<https://fissionvolleyball.com/event/2027-main-tryouts/>

MAKEUP TRYOUTS

July 14th, 2026 | VSU Recreation Center | 1300 Sustella Ave, Valdosta, GA 31601

5:30PM – 7:00PM: Ages 10U – 14U

7:00PM – 8:30PM: Ages 15U – 18U

<https://fissionvolleyball.com/event/2027-makeup-tryouts/>

Official tryout activities begin at the start times stated above, so parents and players must arrive far enough in advance to allow for check-in and any individual warm ups.

PARENT MEETING(S)

Right at the start time of each wave of tryouts, parents will be invited to an adjacent room at the VSU Rec Center for a brief parent meeting. While the players warm up with the coaches, Fission ownership will briefly discuss the tryout process, outline the relevant details of the 2027 season, and answer any general questions.

If you have any questions prior to that Parent Meeting, feel free to reach out to our staff any time. You can call, email, or ask for an in-person meeting as needed.

(229) 302-4464
admin@fissionvolleyball.com
3350 Noble Way, Suite A, Valdosta, GA 31605

2026-2027 USAV AGE GUIDELINES

Before you go any further, you will need to know what age your athlete qualifies to compete. USA Volleyball uses July 1st of the following years as the cutoff date for each age level. Your age on 7/1/2027 is the youngest age group you qualify to compete in. For a more detailed explanation, please review the chart below.



USA VOLLEYBALL JUNIOR PLAYER AGE DEFINITION For use during the 2026-2027 Season

	18 & Under ¹	18 & Under ²	17 & Under	16 & Under	15 & Under ³	14 & Under ⁴	13 & Under ⁵	12 & Under	11 & Under	10 & Under	9 & Under	8 & Under
July	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Aug	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Sept	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Oct	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nov	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dec	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Jan	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Feb	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mar	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Apr	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
May	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
June	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
¹ Players who were born on or after July 1, 2007 and a high school student in the twelfth (12 th) grade or below during some part of the current academic year are eligible to compete in 18 & under.												
² Players in this age range that have graduated high school are ineligible only if they have been enrolled at a university, college, community college or junior college AND have been cleared to participate by that (volleyball) program.												
³ Players who were born on or after July 1, 2008, (who are defined as 18 & under by the USAV Age Definition) and are in the 11th grade for the current academic year are eligible to compete in 17 & under.												
⁴ Male Only - Players who were born on or after July 1, 2012 OR players who were born on or after July 1, 2011 (15 years or younger) who shall neither have completed nor are in a grade higher than the eighth (8 th) grade during the current academic year are eligible to play in the 14 & Under division. This is because of the net height difference of 7'4 1/8" to 7'11 5/8" between the 14 and Under Division to the 15 and Under Division.												
⁵ Male Only - Players who were born on or after July 1, 2012 (14 years or younger) who shall neither have completed nor are in a grade higher than the seventh grade (7th) during the current academic year are eligible for a Region approved waiver to compete in the boys 13's age group.												
⁶ Male Only - Players who were born on or after July 1, 2013 (13 years or younger) who shall neither have completed nor are in a grade higher than the sixth grade (6th) during the current academic year are eligible for a Region approved waiver to compete in the boys 12's age group.												

To determine the correct age division, please find the Month of Birth in the left column and then the year of birth in the same row. The heading of the column matching the Year of Birth is the correct age bracket.

MEMBERSHIP REQUIREMENTS

You need BOTH Membership Cards below to participate in tryouts.

REQUIREMENT #1: SRVA/USAV Membership

Tryout membership options open on July 1st for those that did NOT play travel/club volleyball during the 2025-2026 season. If you already have a membership from your 2025-2026 season, you do not have to renew until 09/01/26.

Link to Membership Options: <https://www.srva.org/membership-options>

Links to the SRVA Tryout Policy & Current Handbook:

https://fissionvolleyball.com/wp-content/uploads/2026/06/SRVA_Tryout_Policy-6-12-26.pdf

https://fissionvolleyball.com/wp-content/uploads/2026/07/Southern_Region-handbook-09-01-2025.pdf

REQUIREMENT #2: AAU Membership

An annual membership is \$22.00.

If you already have a membership from your 2025-2026 season, you do not have to renew until 08/31/26.

Link to Purchase:

<https://aau.uventex.com/events/event/334299>

TEAM TIER INFORMATION & COMPARISON

Fission was founded to be South Georgia's ultimate volleyball experience, but that experience comes with flexibility for you and your family. Fission's five different team Tiers allow you to cater your experience to your unique circumstances and desires.

Heading into Tryouts, it is important to understand these options and decide which Tier (or Tiers) is most comfortable and appropriate for your family. Immediately following Tryouts, rosters will be created based on grouping these commitments and competitive levels. In order to ensure that your daughter lands on a team that aligns with your goals, please ensure that you understand and properly designate the Tier or Tiers that you are willing to commit to for the entire season. An answer to this question will be required at the time of purchasing your Ticket, but it can be updated any time prior to roster placements by contacting us.

Review the summary chart below as you assess which Tier is best for you and your family.

     					
TEAM TIERS COMPARISON	DEVELOPMENTAL	LOCAL	REGIONAL	NATIONAL	ELITE
Summary	for young players	for casual players	for committed players	for champion players	for collegiate players
ANNUAL DUES ¹	\$750	\$1,500	\$2,750	\$3,750	\$4,500
Commitment Deposit (due 7/17)	\$100	\$200	\$300	\$400	\$500
1 st Installment (due 9/1)	\$150	\$300	\$450	\$600	\$750
2 nd Installment (due 12/6)	\$250	\$500	\$1,000	\$1,250	\$1,500
3 rd Installment (due 1/15)	\$250	\$500	\$1,000	\$1,500	\$1,750
Jersey Discount (returner option)	(\$50)	(\$100)	(\$150)	(\$200)	(\$250)
SEASON	3 months	3 months	5 months	7 months	8 months
Practice Start	January	January	January	December	November
Season End	March	March	May	June	June
TOURNAMENTS ²	3 total	5 total	6 total	7 total	8 total
Local Tournaments	2	2	1	1	1
1-Day Travel Tournaments	1	3	0	0	0
Overnight Tournaments	0	0	5	5	4
USAV Qualifiers	0	0	0	0	2
Nationals Tournament ³	0	0	0	1	1
PRACTICES ⁴	1	1	2	3	4
Sunday Club Practices	1PM – 3PM	1PM – 3PM	5PM – 7PM	5PM – 7PM	3PM – 6PM
Mid-Week Team Practices ⁵	0	0	1	2	2
Monthly Weekend Camps ⁶	0	0	0	0	1
RECRUITING					
Playing Division	Patriot+	Patriot+	Freedom+	USA+	Open
Hudl Package	None	None	Gold	Gold	Gold
GEAR	3 items	4 items	6 items	9 items	12 items
Uniforms	1	2	3	4	5
Practice Shirts	1	1	2	3	4
Pullover / Hoodie	0	0	0	1	2
Backpack	Standard	Standard	Standard	Premium	Premium
¹ Travel expenses (such as transportation, hotels, & food) & Special Events are NOT included in annual club dues. Installments are non-refundable. Late payments will incur late fees. ² Exact tournament selection & schedule is subject to change based on dates, availability, & feasibility. USAV Nationals are NOT included in this estimate, though we hope to qualify. ³ For National & Elite teams, winning a bid to USAV Nationals REQUIRES attending. Playing for a Fission National or Fission Elite team is agreeing to attend USAV Nationals, if invited. ⁴ Practice schedules – other than Sunday Club practices – are subject to change based upon your particular coach's schedule. Pre-season & in-season schedules may also differ. ⁵ For Elite, Strength & Conditioning programs take the place of mid-week team practices. The cost of these pre-season programs are included & attendance is strongly encouraged. ⁶ In an effort to reduce the travel burden for out-of-town players, Elite will most often have multi-day "camps" instead of mid-week practices. Pre-season & in-season schedules vary.					
FISSION VOLLEYBALL CLUB 2027 SEASON			(229) 302-4464 ADMIN@FISSIONVOLLEYBALL.COM		

TEAM TIER INFORMATION & COMPARISON (continued)

DEVELOPMENTAL TEAMS: for young players

For players and families that are young – and therefore less experienced – but are still interested in an introduction to club volleyball. Developmental teams will get the benefits of club-level coaching and player development without having to over-commit at such a young age.

LOCAL TEAMS: for casual players

For players and families that don't have the interest, time, or means for a more involved club volleyball experience with Fission. Local teams will practice less, play less, travel less, and pay less, so it is ideal for those that are newer to the game and/or the club volleyball scene.

REGIONAL TEAMS: for committed players

For players and families that are looking to get more out of their club volleyball experience with Fission. Regional teams will practice more, play more, and travel more, allowing for greater player development in a more competitive playing and practicing environment.

NATIONAL TEAMS: for champion players

For players and families that not only want to compete as a Regional team but also want to structure their season around playing at a Nationals tournament. Although similar to Regional, a National team may play in more competitive divisions and more Qualifiers.

ELITE TEAMS: for collegiate players

For players and families that are looking to get the absolute most out of their club volleyball experience as they prepare for their collegiate volleyball experience. Elite teams are comprised of only the best talent, playing in the Open Division of only the best tournaments, maximizing their exposure to recruiters.

WHY JOIN FISSION?

When Volleyball, Victories, & Value Matters, JOIN FISSION.

In short, joining a volleyball club can either be a *waste* of your time and money, or it can be an *investment* of your time and money.

At Fission Volleyball Club, we take volleyball seriously, so we pay the most to get the best. We play only the best tournaments, hire only the best coaches, and pay for all of the best equipment and gear. We have the most practices at the best facilities with the only training equipment in town. All of this investment – by us and by you – adds up to exponentially better player development, player and team success, and club culture. That is money well spent.

REQUIRED DOCUMENTS

In the following pages, you will find appended documents that are REQUIRED to be completed, submitted, and approved prior to participation in Tryouts with Fission. Our staff will review these documents for compliance and confirm your Tryout registration at that time.

IMPORTANT: PLEASE FULLY REVIEW, COMPLETE, SIGN (OFTEN AS PLAYER AND AS PARENT/GUARDIAN), AND RETURN ALL OF THE FOLLOWING DOCUMENTS AS SOON AS POSSIBLE:

WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENTS

- FISSION VOLLEYBALL CLUB WAIVER
- VALDOSTA STATE UNIVERSITY WAIVER
- SRVA WAIVER

MEMBERSHIP CARDS

- USAV MEMBERSHIP CARD
- AAU MEMBERSHIP CARD

Learn more and purchase your Tryout Tickets today:

<https://fissionvolleyball.com/event/2027-main-tryouts/>

ATHLETIC WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

There are certain inherent risks associated with participating in sports and/or athletic training that cannot be eliminated. These risks include, but are certainly not limited to: (1) minor injuries such as scratches, cuts, bruises and strains; and (2) major injuries such as injuries to the eyes, infection, loss of sight, joint injuries, back injuries, heart attacks, concussions, paralysis and even death. Also included in these risks are the same or similar injuries that might result from using training equipment, actual use of a field or training facilities, the acts of others or from the unavailability of emergency staff or emergency medical care (hereinafter we shall define all of these risks and potential injuries as "Risks"). All of these Risks will be present in the activities that you and/or your minor will be participating in (the "Activities") with Parkstone Athletics LLC doing business as Fission Volleyball Club ("Parkstone" and/or "Fission"). **HAVING READ THIS PARAGRAPH** and having an appreciation for and an **UNDERSTANDING OF THESE RISKS**, you hereby affirm that you and/or your minor's participation in these Activities is voluntary and that you agree on behalf or yourself or your minor to all of the following:

1. **ASSUMPTION OF RISK** I, on behalf of myself and/or my minor, **ASSUME ALL OF THE RISKS THAT MAY OR CAN ARISE OUT OF PARTICIPATING IN THE ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE ATHLETIC ACTIVITY ITSELF, USE OF THE EQUIPMENT, FIELD OR FACILITIES, THE ACTS OF OTHERS OR THE UNAVAILABILITY OF EMERGENCY CARE**, as well as those Risks described in the preceding paragraph.

2. **INDEMNITY/HOLD HARMLESS** I, on behalf of myself and/or my minor and/or our heirs, personal representatives and/or assigns, also agree to indemnify and hold Parkstone Athletics LLC, as well as their affiliates, parents, subsidiaries, assigns, partners, attorneys, members, employees, independent contractors, shareholders, officers, directors, and agents or any producers, investors, cast members or any other person or entity associated in any way with the ownership, operation or affiliation with recreational facilities and the creation, production or distribution of Parkstone-related marketing content on any Parkstone-owned website, harmless from any and all claims, causes of actions, lawsuits, arbitrations or proceedings as well as from any expenses, judgments, costs, fees, damages, expenses and/or liabilities, including attorneys' fees incurred in defending or prosecuting any such claims brought against Parkstone as the result of my or my minor's participation in the Activities. I hereby allow Parkstone to use my or my minor's image or likeness without current or future compensation for marketing purposes related to Parkstone.

3. **RELEASE/WAIVER** In consideration for being permitted to participate in the Activities, I, on behalf of myself and/or my minor and/or our heirs, personal representatives and assigns **HEREBY RELEASE, WAIVE AND DISCHARGE** Parkstone Athletics from any and all liability associated with or related to my or my minor's participation in the Activities and agree **NOT TO SUE** Parkstone for any reason resulting from or associated with my or my minor's participation in the Activities. This waiver and release is intended to include all claims for injuries, accidents, illnesses, or property loss, whether known or unknown or anticipated or unanticipated, which are in any way related to or associated with the Activities.

4. **NO INSURANCE** I, on behalf of myself and/or my minor, acknowledge that Parkstone Athletics does not carry insurance on behalf of myself or my minor.

5. **LEGAL RIGHTS** I, on behalf of myself and/or my minor, understand and acknowledge that I/we are surrendering valuable legal rights in this agreement.

6. **SEVERABILITY** I, on behalf of myself and/or my minor, understand and expressly agree that this agreement is intended to be as broad and inclusive as permitted by the law of the State for which it is used and that if any portion of this agreement is held invalid, it is agreed that the balance of the agreement shall continue in full force and effect and that whatever portion is held invalid shall be interpreted and construed to afford as much protection to Parkstone as permitted by the applicable law.

Participant's Name _____ Signature _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE --- (UNDER AGE 18 AT THE TIME OF REGISTRATION) CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent and/or legal guardian of the above named minor participant. I have read this agreement thoroughly and understand all of the terms. I understand that I am surrendering legal rights on behalf of the minor and myself. I, on behalf of myself and my minor, agree to be bound by all of the terms of this agreement and also give my consent to allow my minor to participate in the Activities described herein. I release and agree to indemnify and hold harmless the Releasees from any kind and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Parent/Guardian's Name _____ Relationship to Minor _____

Parent/Guardian's Signature _____ Date _____



**Notice to all Persons Participating
In Athletic or Recreational Activities
Assumption of Risk and Insurance Certification
(Please Read Carefully Before Signing)**



Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, death, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations and training.

The undersigned acknowledges that Valdosta State University does not warrant or guarantee in any respect the competency, mental, or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity.

All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability and Covenant Not to Sue, form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities.

Signature: _____ Printed Name: _____

**Release, Waiver of Liability and Covenant Not To Sue
(Please Read Carefully Before Signing)**

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the consideration of Valdosta State University allowing the undersigned to participate in voluntary recreational programs or athletic activities and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participate does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, employees, or volunteers for any claim for damages arising or growth out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this release, waiver of liability, and covenant not to sue, the Institution or the Board of Regents of the University System of Georgia or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, employees, and volunteers.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution.

I have received a copy of this document, and I certify that I am _____ years of age and **am suffering under no legal disabilities that would prevent me from understanding and executing this document and** that I have read the above carefully before signing.

This _____ day of _____, 20____.

Participant Name: _____ Signature: _____

Parent/Guardian Name (if under 17): _____

Parent/Guardian Signature (if under 17): _____

YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: _____ Team Name: _____

☐ Male ☐ Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
City, State & Zip _____
Primary Phone: _____ Alternate Phone: _____

Secondary Contact: ☐ Parent/Guardian ☐ Other _____

Name: _____
Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____
Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: ☐ Yes ☐ No

If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). 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 understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, 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 through my insurance company.

Signature: _____ Date: _____
Parent/Guardian

or

I do not authorize emergency medical/dental care for my daughter/son.

Signature: _____ Date: _____
Parent/Guardian

USAV/SRVA MEMBERSHIP CARD

Please scan below or on a separate sheet

AAU MEMBERSHIP CARD

Please scan below or on a separate sheet