

Preferred Location (MB, PV, SO) _____

Age Division _____

Volleyball Position(s) _____

Player Full Name _____

Please attach a headshot/picture to this form if you are NEW TO SURFSIDE along with a copy of the USAV Medical Waiver

Birthday _____ Grade and school _____

Player Cell _____ Player Email _____

Address & City _____

Parent(s) Name(s) _____

Parent(s) Cell(s) _____

Parent email for club communication _____

Former experience/Teams _____

I give permission for my daughter, _____ to participate in the Surfside Volleyball tryouts. As with any physical activity, I understand that there is a possibility of injury to my daughter. We have our own medical insurance to cover my daughter should she become injured during the tryout. I understand that Hayley Blanchard, Jessica Turner, Natasha Nguyen, Natalie Morgan, Loriann Perkins and all Surfside Volleyball Club "Staff", do not have insurance for any injuries which may occur and will not hold them responsible. I hereby indemnify, defend and hold harmless Surfside Volleyball Club, Inc. and its owners, officers, agents, volunteers and employees ("Club") from any and all claims arising out of injury, accidents, or illness to my child (named above) while participating in any Club clinics, tryouts, training, practices, tournaments, Club events and activities ("Club Activities"), as well as travel associated with Club Activities.

Any medical conditions we should be aware of _____

Parent Signature _____ Date _____