

SURFSIDE TRYOUT FORM

Preferred Location (please circle): MB or PV

Age Division _____

Volleyball Position(s) _____

Player Full Name _____

**Please attach a headshot/picture to this form, if you are NEW TO SURFSIDE
All players must also submit a completed USAV/SCVA Medical Waiver**

Please print legibly as this information will be used to contact you following tryouts. Thank you!

Birthdate _____ Grade level _____ School _____

Player Cell _____ Player Email _____

Address & City _____

Parent(s) Name(s) _____

Parent(s) Cell(s) _____

Parent email for club communication _____

Previous experience/teams _____

I give permission for my player, _____ 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 player should she become injured during the tryout. I understand that Hayley Blanchard, Natasha Nguyen, 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 _____