

# SURFSIDE TRYOUT FORM

Preferred Location (MB or PV) \_\_\_\_\_

Age Division \_\_\_\_\_

Volleyball Position(s) \_\_\_\_\_

Player Full Name \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_ Grade and school \_\_\_\_\_

Player Cell \_\_\_\_\_ Player Email \_\_\_\_\_

Address & City \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) Cell(s) \_\_\_\_\_

Parent email for club communication (PLEASE WRITE CLEARLY)

\_\_\_\_\_

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, Loriann Perkins, Natasha Nguyen, 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 \_\_\_\_\_

PLEASE PRINT AND BRING COMPLETED TO YOUR TRYOUT. THANK YOU!