SURFSIDE TRYOUT FORM

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, Jesse Tupac, Kristen Tupac, Natasha Nguyen, Carly Morlan, Riley Owen, Tyler Reutgen 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!