

CLUB TRYOUT REGISTRATION FORM:

PLAYER INFORMATION

Name: Current School:

Age: Grade: T-shirt size High School or Jr High you are at?

City:

Zip Code:

PARENT INFORMATION

Please Have A Parent Or Legal Guardian Fill It Out The Rest Of This Form:

Address:

Mothers Name: E-mail:

Fathers Name: State: Cell Phone:

Home Phone: City: ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address: Phone:

City: State: ZIP Code:

Relationship:

PLAYER INFORMATION

Which Division Are You Joining

What is your reason for trying out for Club V.I.P.

Volleyball Position

Years you have played volleyball?

Do you play other sports during club season?

Is there a specific position you want to play?

I authorized the verification of the information provided on this form.

Signature of Legal Guardian:

Date:

Signature of Participant:

SSN:

Medical Release Form:

Club V.I.P.
34436 Valley Oaks Loop, Union City, CA. 94587
(510) 396-4875

Participants Name: _____

Date of Birth: _____

Age: _____

Parent or Legal Guardian: _____

Address: _____

City: _____ Zip: _____

In Case Of Emergency call _____ Home Phone: _____

Work Phone: _____

Special Medical Condition:

Medical Coverage: _____

Insurance Group # _____

I, the undersigned, give my consent for _____ to participate in gym used by Volleyball Instructional Programs.

I, the undersigned, certify that I am the legal parent/guardian of the above named participant and he/she has my permission to participate in the facility used by Club V.I.P. from the start to the end of the program.

Waiver of Liability: This release is intended to discharge in advance Club V.I.P. including all of its respective agents, officials, volunteers, sponsors and employees, from and against any and all liability arising out of or connected in anyway with my or my child/legal guardian's participation in the above activities, even though the liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute Club V.I.P. and any sponsor, or any affiliate organization for injury or damage resulting from activity or passive negligence, carelessness or other acts, howsoever caused by any employee, agent or contractor of Club V.I.P. or its affiliates, as a result of my participation in Club V.I.P. activities.

In the event that the above named individual is a minor, I certify that am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to Club V.I.P. to take my or my child/legal guardians photo while participation in the programs activities.

Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is available for consultation, permission is granted for the staff to obtain medical treatment as deemed necessary.

A signature is required by each adult participant registering on this form. One parent/ guardian may sign for all minors. I have read and understand the policies and conditions of this activity and signify my agreement and approval with my signature.

Signature of parent/guardian

Date