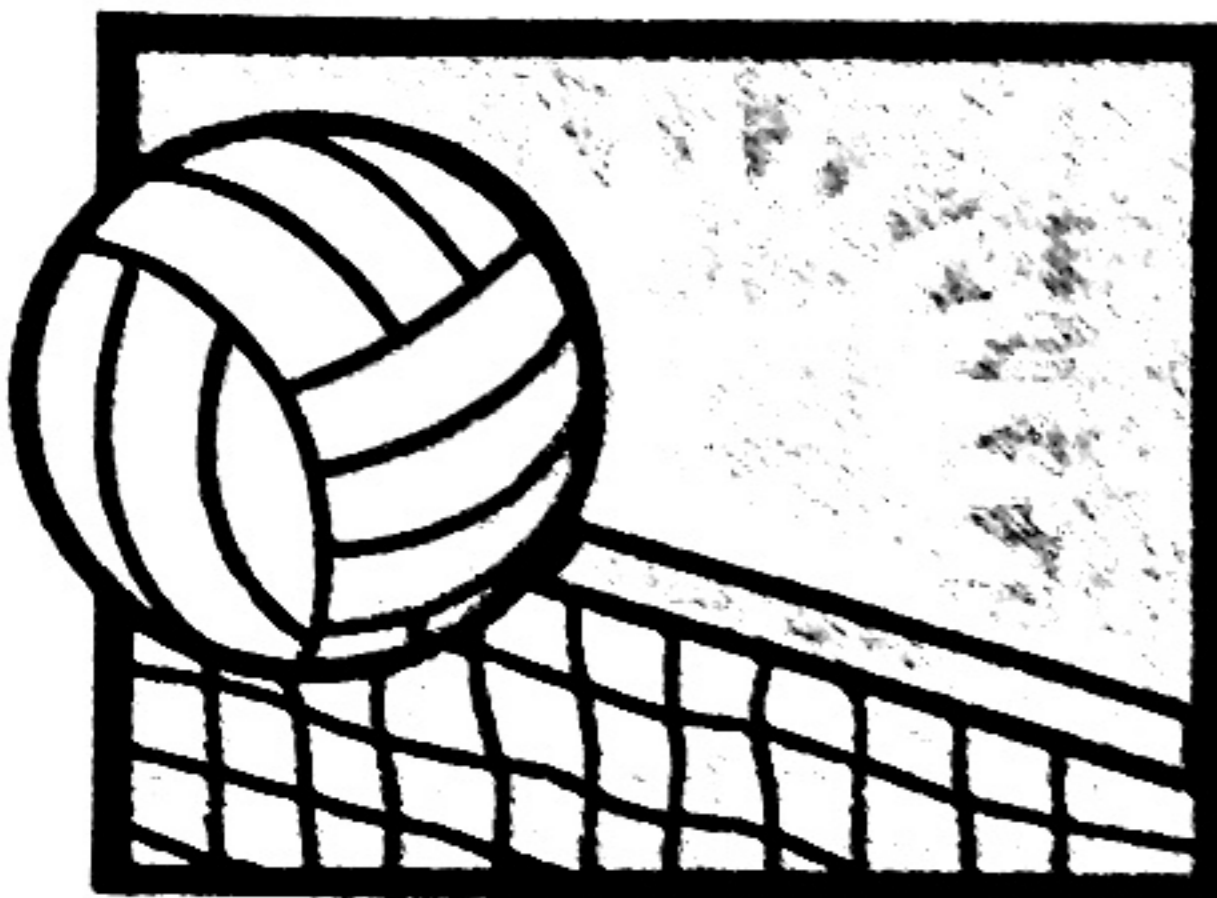


AGE DIVISON: _____

TRYOUT# _____

HT _____

JUMP _____



2016 Season Tryouts Player Registration Form

DOB _____
AGE _____

Player Name: _____

Player E-mail: _____

Player Phone/Cell: _____

School: _____

Grade _____

Team (FR/SO, JV, VAR) _____

Desired Position _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Email: _____

Phone: _____

Parent/Guardian Name _____

Email: _____

Phone: _____

Previous Club Experience: _____

My child (named above) has my permission to try out for Starlings LA West Volleyball Club, Inc. ("LA West"). I understand that LA West is an organization of competitive youth sport teams and that LA West (in its sole judgment) may or may not invite my child to participate on one of its teams or events. I understand that as my child's parent, I have the ability to accept or decline an invitation, should one be extended to my child. If I accept an invitation for my child to participate with LA West, I understand that there are many mandatory LA West activities that my child must participate in and that there are associated costs that I will be responsible to pay. I understand that acceptance to join a LA West team constitutes acceptance of the responsibilities for both participation and payment.

Waiver and Release: I hereby indemnify, defend and hold harmless LA West 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. I authorize the Club to act for me according to their best judgment in any emergency or other situations related to Club Activities requiring medical attention or discipline.

My signature below constitutes consent to the applicability of the two preceding paragraphs for the duration of my child's participation with LA West.

PARENT SIGNATURE: _____ Date: _____