VEGAS PRECISION VBC

Tryout Registration Form
(PLEASE PRINT)

PLAYER INFORMATION

Name : _____ DOB : _____ Age: _____

Address: _____ City : _____ Zip: _____

Home Phone : _____Cell :_____Email :_____

Name of School: _____ Grade _____ Graduation Year: _____

Player Email: _____ Player Phone: _____

Height: _____ Dominant Hand : Right / Left

Position Played 1: _____ Position Played 2 : _____

Prior Club Experience : Yes / No Club Names: _____ Last Played: _____

PARENT INFORMATION

Parent/Guardian's Name : _____ Cell: _____

Email: _____Relationship to Player: _____

Emergency Contact : _____ Cell: _____

MEDICAL LIABILITY and RELEASE

By Signing below, I _____, Legal Guardian of _____ give permission to participate in the VEGAS PRECISION VOLLEYBALL CLUB tryouts. I also certify that I am the legal parent and/or guardian of my child. I, the undersigned, hereby release and forever discharge VEGAS PRECISION VOLLEYBALL CLUB, Adelson Educational Campus, or it's representatives and all claims for damages, including personal loss, damages or injury in connection with my child. I recognize that challenges of the sport of volleyball in which I have chosen to allow my child to participate and I assume all risks of personal injury or death in connection therewith. I attest that my child is sufficiently physically fit to participate safely therein, and I have not been advised otherwise by a qualified medical doctor. VEGAS PRECISION VOLLEYBALL CLUB retains that right to any photographs or videos taken at the facility to be used for publicity or advertising. I herby authorize first aid and/or any medical treatment deemed necessary for my child in case of emergency. I understand that I am responsible for any charges incurred from medical treatment of my child.

_____	_____	_____
Player/Participant Name (Print)	Player/Participant Signature	Date
_____	_____	_____
Parent/Guardian's Name (Print)	Parent/Guardian's Signature (unless 18 years old)	Date

OFFICE USE	**Tryout #**	**FEE - CASH / CHECK #**	**SHIRT SIZE - YL S M L**