2016-17 Top Gun Volleyball Club Tryout Permission/Waiver Form

Please fill out completely. Required f • Completed form (signed by par • <u>Current AAU membership card</u> • \$20.00 tryout fee	ent/guardian),	ptember 1, 2016			
Athlete's Information					
Name		Date of Birth /	1	Age	
Address					
School Name					
Home Phone Number ()	Top Thi	ree Uniform Number C	hoices _	·····	
Please send email communication to: _					
Father's Information		Mother's Information			
Name	N	ame			
Phone ()	Р	hone ()			
health and has my permission to particip authorize the Top Gun VBC staff to act necessary for the health and safety of m assume responsibility for any and all pa I recognize there are risks involved with Gun VBC, their staff and associates, ald liability in the event of any illness or inju in the Top Gun volleyball tryout.	on my behalf to sec by daughter until suc yment of such treat my daughter's parti ong with Howell Pub ry arising out of or r	ure any and all medica ch time that I may be c ment. icipation in this tryout a lic Schools, their staff elated to traveling to a	al attentio ontacted and I here and asso nd from c	n they deem I also hereby by release the Top ociates of any and all or during participation	
My daughter's known allergies are					
Any medical condition(s) the staff should	d know about?				
arent Signature		[Date		
Emergency Contact Information D	ouring Tryout (aft	er parents):			
Name	Phone Nun	nber ()			
Name	Phone Nun	nber ()			
FOR 14U AND 17U ONLY - I am intereation a cost of \$2350.00. This team would r costs and hotels are additional.					
FOR ALL OTHERS:					
I am interested in Winter only. I know	I will not be playing sp	pring.			
I may be interested in both Winter and	Spring seasons.				
I am interested in being placed on the (@\$600.00 for winter) or an ELITE tea		n possible. I understand	this may t	be a traditional team	