

2018 Top Gun Volleyball Club Tryout Permission/Waiver Form

Please bring the following with you to tryout:

- Completed form (signed by parent/guardian),
- Current AAU membership card – created after September 1, 2017
- \$20.00 tryout fee

Tryouts will be held at Howell Freshman Campus, 1400 W. Grand River, Howell, MI. 48843

Athlete's Information

Name _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ Zip _____

School Name _____ Grade _____ Position _____ T-shirt Size _____

Home Phone Number (____) _____ Top Three Uniform Number Choices _____

Please send email communication to: _____

Father's Information

Mother's Information

Name _____ Name _____

Phone (____) _____ Phone (____) _____

I verify that my daughter, _____, is in good physical health and has my permission to participate in the Top Gun VBC tryouts. In the event of an emergency, I hereby authorize the Top Gun VBC staff to act on my behalf to secure any and all medical attention they deem necessary for the health and safety of my daughter until such time that I may be contacted. I also hereby assume responsibility for any and all payment of such treatment.

I recognize there are risks involved with my daughter's participation in this tryout and I hereby release the Top Gun VBC, their staff and associates, along with Brighton Area Schools, their staff and associates of any and all liability in the event of any illness or injury arising out of or related to traveling to and from or during participation in the Top Gun volleyball tryout.

My daughter's known allergies are _____

Any medical condition(s) the staff should know about? _____

Parent Signature _____ Date _____

Emergency Contact Information During Tryout (after parents):

Name _____ Phone Number (____) _____

What club did you play for last year? _____

How did you hear about Top Gun tryouts? _____