

# 2019 Top Gun Volleyball Club

## Tryout Permission/Waiver Form

Please fill out COMPLETELY.

Required for tryout - completed form (signed by parent/guardian) plus \$25.00 tryout fee

Athlete:

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:

Mother:

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 Howell Public Schools, their staff and associates, 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 (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Did you play for another club team during the winter season?      Yes      No

If so, what club did you play for? \_\_\_\_\_