

# 2022 Top Gun Volleyball Club

## Tryout Permission/Waiver Form

Please fill out COMPLETELY. This completed form, signed by parent/guardian, is required for tryouts plus \$40.00 tryout fee (cash or check made payable to Top Gun VBC). Athletes only are allowed in the facility and a MASK must be worn at all times during the tryout process. Email [topgunjen@yahoo.com](mailto:topgunjen@yahoo.com) with any questions prior to the tryout.

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, including the risk of Covid-19 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.

I support the Top Gun VBC Covid-19 safety protocols in place for tryouts including only athletes in the facility, face covering by all participants in the facility before, during and after the tryout, one-way traffic patterns, hand sanitization prior to gym entry and individual health survey prior to 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 (\_\_\_\_) \_\_\_\_\_

What Club/Team did you play for last year? \_\_\_\_\_

Current AAU membership # (should end in 2): \_\_\_\_\_