## 2024 SPRING Top Gun Volleyball Club

**Tryout Permission/Waiver Form** 

PRE-REGISTRATION IS REQUIRED FOR SPRING TRYOUTS. Then, bring this form (filled out completely and signed by parent/guardian) and the \$40.00 tryout fee (cash or check made payable to Top Gun VBC) to tryouts. A current AAU membership is also required. See <a href="www.topgunvbc.com">www.topgunvbc.com</a> for specific details. Email <a href="topgunjen@yahoo.com">topgunjen@yahoo.com</a> to pre-registration with name, grade and birth date.

| Name of Athlete  |   | Date of Birth _                                     | /                       | _/                       | Age                                   |  |  |
|--|---|---|-------------------------|--------------------------|---------------------------------------|--|--|
| Address  |   | City  |                         |                          | Zip                                   |  |  |
| School   | Grade   | Position(s)   | -                       |                          |                                       |  |  |
| T-shirt size (specify youth or ad  | lult): Top 3 Je   | rsey Number Choices:                                | 1 <sup>st</sup>         | <b>2</b> <sup>nd</sup>   | _ 3 <sup>rd</sup>                     |  |  |
| Dad:   | Mo  | om:   |                         |                          | · · · · · · · · · · · · · · · · · · · |  |  |
| Dad's Cell Phone ()  |   | Mom's Cell Phone (                                  | )                       |                          |                                       |  |  |
| Email address(es) to receive com   | munication:   |   |                         |                          |                                       |  |  |
| Primary Contact Number Is: Mom   |   |   |                         |                          |                                       |  |  |
| I verify that my daughter,   | the Top Gun VBC s<br>ecessary for the hea                             | taff to act on my beha<br>Ith and safety of my da   | lf to secu<br>aughter ι | ure any ar<br>until such | nd all<br>time that I                 |  |  |
| I recognize there are risks invo<br>Covid-19 and I hereby release<br>Schools, their staff and associa<br>liability in the event of any illne-<br>participation in the Top Gun vo | the Top Gun VBC, t<br>ates, Brighton Area S<br>ss or injury arising o | heir staff and associat<br>Schools, their staff and | es, alono<br>l associa  | g with Hovates of any    | well Public<br>y and all              |  |  |
| My daughter's known allergies  | are   |   |                         |                          |                                       |  |  |
| Any medical condition(s) the st  | aff should know abo   | out?  |                         |                          |                                       |  |  |
| Parent Signature   |   |   |                         | Date                     |                                       |  |  |
| Emergency Contact Informat   | tion During Tryout  | ( <u>after parents</u> ):                           |                         |                          |                                       |  |  |
| Name   |   | Phone Number (                                      | )                       |                          |                                       |  |  |
| Current AAU membership # (sl   | hould end in 4):  |   |                         |                          |                                       |  |  |
| What Club/Team did you play f  | for last year?  |   |                         |                          |                                       |  |  |
| How did you hear of the Top G  | iun tryout?   |   |                         |                          |                                       |  |  |