

# 2025 Top Gun Volleyball Club

## Tryout Permission/Waiver Form

### PLEASE FILL THIS FORM OUT COMPLETELY AND LEGIBLY!!

Bring this form to tryouts along with the \$40.00 tryout fee (cash or check made payable to Top Gun VBC).  
**A current AAU membership is also required.** See [www.topgunvbc.com](http://www.topgunvbc.com) for additional information and details.

Name of Athlete \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ Position(s) \_\_\_\_\_

T-shirt size (specify youth or adult): \_\_\_\_\_ Top 3 Jersey Number Choices: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Dad: \_\_\_\_\_ Mom: \_\_\_\_\_

Dad's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Mom's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address(es) to receive communication: \_\_\_\_\_

Primary Contact Number Is: Mom's Cell; Dad's Cell; (circle one) or other (\_\_\_\_\_) \_\_\_\_\_

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.

My daughter's known allergies are \_\_\_\_\_

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

### **Emergency Contact Information During Tryout:**

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Valid AAU membership # (should end in 5): \_\_\_\_\_

**I am only interested in pursuing a traditional team placement.** (\$700.00 for the winter season; 4 tournament dates; option for continuation in spring at additional cost of \$700.00 w/ 6 tournament dates.)

**I am interested in pursuing an Elite team placement, if possible.** (\$2950.00 for both seasons; 20 tournament dates including 4-day AAU Nationals tournament in Orlando, FL mid-June.)

**I may be interested in extra 2-day tournament(s) at an additional cost per tournament.**