

# 2025 SPRING Top Gun Volleyball Club

## Tryout Permission/Waiver Form

Bring this form (filled out completely and signed by parent/guardian) and the \$50.00 tryout fee (cash or check made payable to Top Gun VBC) to tryouts. A current AAU membership is also required. See [www.topgunvbc.com](http://www.topgunvbc.com) for specific 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? \_\_\_\_\_

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

### Emergency Contact Information During Tryout (after parents):

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

Current AAU membership # (should end in 5 or 6): \_\_\_\_\_

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

How did you hear of the Top Gun tryout? \_\_\_\_\_