2027 Top Gun Volleyball Club

Tryout Permission/Waiver Form

PLEASE FILL THIS FORM OUT COMPLETELY AND LEGIBLY!!

Bring this form to tryouts along with the $50.00 tryout fee (cash or check made payable to Top Gun VBC). **A current AAU membership is also required**. See 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: 1st_____ 2nd _____ 3rd _____

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 _____

2026 AAU membership # _____

☐ **I am only interested in pursuing a traditional team placement.** ($750.00 for the winter season; 4 tournament dates; option for continuation in spring at additional cost of $750.00 w/ 6 tournament dates.)

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

What club did you play for last year? _____