

REEF VBC Tryout Registration Form

Preferred Position

Setter _____ Middle Blocker _____ Outside Hitter _____ Def. Specialist _____ Opposite _____

Name* _____

Address _____

City _____ State _____ Zip _____

Home Phone* _____ Cell Phone _____

Age _____ Birth Date* _____ Height _____ Weight _____ Shirt Size _____

Email* _____

Father's Name _____ Mother's Name _____

School* _____ Grade _____

Volleyball Experience

School Years Played: Varsity _____ JV _____ Fr/So _____ Jr. High _____

Club & Years Played _____

How did you hear about REEF VBC? _____

Is it more important to be on the top ranked team or a team with your friends?*(If it is important to play with your friends please list their full names)

Which team are you trying out for & would you be committed today if you made it?

Is there any reason why you would miss or be late to practice in the 5:00 - 10:00 pm time frame Mondays - Thursdays or tournaments on Saturdays & Sundays?

REEF VBC Waiver and Release of Liability

This form must be signed before any person can tryout for REEF VBC as a player participant in the club's volleyball training and competition program. As a participant I acknowledge that volleyball is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury and great bodily harm. Players will frequently fall, contact one another, dive for balls, jump and land on the foot or other part of a player's body, and encounter numerous other injury-causing events. I hereby assume the risks of participating in the activities associated with trying out for the REEF VBC. I hereby waive, release, and discharge from liability for any claims for damages for personal injury or death which arises out of or is related to my participation in these tryouts.

As the player participant signing above is under the age of 18 and I have brought the child to this tryout, I as the **parent/guardian** of the above named child, do hereby consent to the minor's participation in this tryout and consent to the terms of the above waiver.

Parent/Guardian's Signature _____ Date _____