



Vacaville Extreme Volleyball Club 2019 - 2020 Tryout Registration

**Location: Solano Community College
4000 Suisun Valley Rd, Fairfield, CA**

NCVA Card #: _____ **Expiration Date:** _____

Player Name: _____ **Age:** _____ **Date of Birth:** _____

Street, City, State, Zip: _____

Home Phone: _____ **Player's Cell Phone:** _____

School Name: _____ **Current Grade:** _____

Prior Club Experience: _____

Positions Played: _____ **Preferred Position:** _____

Parent Name: _____ **Parent Cell Number:** _____

Parent Email: _____

RELEASE AND INDEMNITY

Please note any medical condition we should be aware of: _____

Note: This form must be read and signed before the participant is allowed to take part in and Vacaville Extreme Volleyball Club (VEX) event, competition or tryout session. By signing this form, the participant affirms have read it.

I hereby waive and release VEX coaches, instructors, and all facilities used for such event from all liability for any injuries incurred while participating in the volleyball event listed above for which my child is registering. I recognize the inherent risks of my child's participation and I assume full responsibility for all injuries. I know of no mental or physical problems that would affect my child's ability to safely participate in this event. I authorize the camp director or instructors to act for me according to their best judgment in any emergency requiring medical attention. I also give permission for the above named child to be transported to an receive medical treatment at a local medical facility, and **I guarantee the payment of all expenses incurred for such transportation and treatment.**

X

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

X

Signature of Player

Date

Printed Name of Player

For Office Use Only

T-Shirt Color: _____ **T-Shirt Number:** _____ **Payment: Cash** _____ **Check #:** _____

Age Group: 11U 12U 13U 14U 15U 16U 17/18U