



# Vacaville Extreme Volleyball Club

## 2018-2019 Pre-Tryout Clinic Registration

Location: Vacaville Indoor  
3777 Vaca Valley Parkway 95688

**Ages Group:**

Saturday, October 13, 2018

\$20.00

Cash Total: \_\_\_\_\_

NCVA Card #: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Prior Club Experience: \_\_\_\_\_

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.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian