

# TREMORS

VOLLEYBALL CLUB

## 2021 SUMMER PROGRAM

PLAYER INFORMATION	
NAME:	
AGE:	DATE OF BIRTH:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
CLUB EXPERIENCE (IF ANY, LIST CURRENT AND PREVIOUS CLUB TEAMS):	

SESSION 2: July 19, 2021 – August 29, 2021

WHERE: Holy Trinity Gym

FEE: \$650/Player for Group 4-6, \$500/Player for Group 7

- Group 4 (15's & Older):** *Wednesdays, Thursdays, Fridays, starting on July 21, 2021 through Aug. 27, 2021*  
 Wednesdays - July 21, 28, August 4, 11, 18, 25 from 7:30pm-9:30pm  
 Thursdays - July 22, 29, August 5, 12, 19, 26 from 7:30pm-9:30pm  
 Fridays - July 23, 30, August 6, 13, 20, 27 from 4:45pm-6:45pm
- Group 5 (14's & Older):** *Tuesdays, Thursdays, Saturdays, starting on July 20, 2021 through Aug. 21, 2021*  
 Tuesdays - July 20, 27, August 3, 10, 17, 24, 31 from 4:45pm-6:45pm  
 Thursdays - July 22, 29, August 5, 12, 19, 26 from 5:30pm-7:30pm  
 Saturdays - July 17, 24, August 7, 14, 21 from 10:30am-12:30pm
- Group 6 (14/13's, 12/11's):** *Mondays, Wednesdays, Saturdays, starting on July 19, 2021 through August 21, 2021*  
 Mondays - July 19, 26, August 2, 9, 16, 23, 30 from 4:45pm-6:45pm  
 Wednesdays - July 21, 28, August 4, 11, 18 from 5:30pm-7:30pm  
 Saturdays - July 17, 24, 31, August 7, 14, 21 from 8:30am-10:30am
- Group 7 (14/13's, 12 & Under):** *Saturdays & Sundays, starting on July 17, 2021 through August 29, 2021*  
 Saturdays - July 17, 24, 31, August 7, 14, 21, 28 from 12:30pm-2:30pm  
 Sundays - July 18, 25, August 1, 8, 15, 22, 29 from 12:45pm-2:45pm

**SHIRT SIZE:**

- YOUTH M   
  YOUTH L   
  ADULT S   
  ADULT M   
  ADULT L   
  ADULT XL

**SHIRT COLOR:**

- PURPLE TIE DYE   
  RED TIE DYE   
  PINK TIE DYE   
  BLACK   
  MAROON  
 NAVY BLUE   
 RED

PARENT/GUARDIAN INFORMATION	
NAME:	
HOME PHONE:	CELL PHONE:
EMAIL:	

Please make your **NON-REFUNDABLE** check payable to **SF TREMORS VBC** and mail form and check to  
**SF TREMORS VBC**  
**P.O. Box 320133**  
**San Francisco, CA 94132**

**WAIVER**

I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release SF Tremors Volleyball Club, the coaches and volunteers, from any and all liability for any injuries, illnesses or lost property incurred while at the 2021 Summer Program. I have no knowledge of any physical impairment that would be affected by the named player's participation in this volleyball program. My signature on this waiver also states that the named player is covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to and from, or in conjunction with the said program.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_