

# TREMORS

VOLLEYBALL CLUB  
2021 SUMMER PROGRAM

PLAYER INFORMATION	
<b>NAME:</b>	
<b>AGE:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP:</b>
<b>SCHOOL:</b>	<b>GRADE:</b>
<b>CLUB EXPERIENCE (IF ANY, LIST CURRENT AND PREVIOUS CLUB TEAMS):</b>	
<p><b>SESSION 1: June 7, 2021 – July 18, 2021</b>  <b>WHERE: Holy Trinity Gym</b>  <b>FEE: \$650/Player</b></p> <p><input type="checkbox"/> <b>Group 1 (13's, 12's):</b> <i>Monday, Wednesday, Saturday, starting on June 7, 2021 through July 17, 2021</i>  Mondays 5:00pm-7:00pm  Wednesdays 5:30pm-7:30pm  Saturdays 8:30am-10:30am</p> <p><input type="checkbox"/> <b>Group 2 (14's, 13's):</b> <i>Tuesday, Thursday, Saturday, starting on June 8, 2021 through July 17, 2021</i>  Tuesdays 5:00pm-7:00pm  Thursdays 5:30pm-7:30pm  Saturdays 10:30am-12:30pm</p> <p><input type="checkbox"/> <b>Group 3 (14/13's, 12 and Under):</b> <i>Friday, Saturday, Sunday, starting on June 11, 2021 through July 18, 2021</i>  Fridays 5:00pm-7:00pm  Saturdays 12:30pm-2:30pm  Sundays 12:45pm-2:45pm</p>	
<b>SHIRT SIZE:</b>	
<input type="checkbox"/> YOUTH M <input type="checkbox"/> YOUTH L <input type="checkbox"/> ADULT S <input type="checkbox"/> ADULT M <input type="checkbox"/> ADULT L <input type="checkbox"/> ADULT XL	
<b>SHIRT COLOR:</b>	
<input type="checkbox"/> PURPLE TIE DYE <input type="checkbox"/> RED TIE DYE <input type="checkbox"/> PINK TIE DYE <input type="checkbox"/> BLACK <input type="checkbox"/> MAROON <input type="checkbox"/> NAVY BLUE <input type="checkbox"/> RED	

PARENT/GUARDIAN INFORMATION	
<b>NAME:</b>	
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>
<b>EMAIL:</b>	

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: \_\_\_\_\_