

# TREMORS

## VOLLEYBALL

### TRYOUT REGISTRATION

**11's – 14's DIVISION**  
**2021-2022 SEASON**

PLAYER INFORMATION			
NAME:			
AGE:	BIRTHDATE:		
ADDRESS:			
CITY:	ZIP:		
SCHOOL:	GRADE:		
DATE(S) ATTENDING:	<input type="checkbox"/> FRI 10/15	<input type="checkbox"/> SAT 10/16	<input type="checkbox"/> SUN 10/17
DIVISION(S) TRYING OUT FOR (CIRCLE ALL THAT APPLY):	11	12	13 14
PREVIOUS CLUB EXPERIENCE (if any):			
POSITION (check all that apply):			
<input type="checkbox"/> OUTSIDE HITTER <input type="checkbox"/> MIDDLE BLOCKER <input type="checkbox"/> RIGHT HITTER <input type="checkbox"/> SETTER <input type="checkbox"/> DEFENSIVE SPECIALIST / LIBERO <input type="checkbox"/> NO PREFERENCE			
HANDED:    RIGHT    LEFT	HEIGHT:		
CONTACT INFO IF OFFERED A POSITION:			
PHONE #:			
EMAIL:			

PARENT/GUARDIAN CONTACT INFORMATION
NAME:
PHONE #:
EMAIL:

**PLEASE SUBMIT THE FOLLOWING:**

1. SF TREMORS 2021-2022 TRYOUT REGISTRATION FORM
2. TRYOUT FEE: \$30 FOR 1 DAY, \$35 FOR 2 DAYS, \$40 FOR 3 DAYS CHECK PAYABLE TO: SF TREMORS VBC

<i>FRIDAY, OCTOBER 15, 2021</i>		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
11's, 12's	5:00PM-5:30PM	5:30PM-7:30PM
13's, 14's	7:00PM-7:30PM	7:30PM-9:30PM
<i>SATURDAY, OCTOBER 16, 2021</i>		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
12's	8:00AM-8:30AM	8:30AM-10:30AM
11's	10:00AM-10:30AM	10:30AM-12:30PM
13's	12:00PM-12:30PM	12:30PM-2:30PM
14's	2:00PM-2:30PM	2:30PM-4:30PM
<i>SUNDAY, OCTOBER 17, 2021</i>		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
11's, 12's	12:30PM-12:50PM	12:50PM-3:20PM
13's	3:00PM-3:30PM	3:30PM-6:00PM
14's	5:30PM-6:00PM	6:00PM-8:30PM

**TRYOUT LOCATION:** HOLY TRINITY GYM, 999 BROTHERHOOD WAY, SAN FRANCISCO, CA 94132

#### WAIVER

I hereby authorize the staff of SF Tremors Volleyball Club to act for me according to their best judgment in any emergency requiring medical attention. 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 2021-2022 Tryouts. I have no knowledge of any physical impairment that would be affected by the named player's participation in SF Tremors Volleyball Club Tryouts. 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: \_\_\_\_\_

FOR CLUB USE ONLY
BIB #:
CHECK #: