

TREMORS

VOLLEYBALL CLUB
2022-2023 PRE-TRYOUT CLINICS
15's – 18's DIVISION

PLAYER INFORMATION	
NAME:	
AGE:	DATE OF BIRTH:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
CLUB EXPERIENCE (IF ANY, LIST CURRENT AND PREVIOUS CLUB TEAMS):	
15's – 18's PRE-TRYOUT CLINICS WHERE: Holy Trinity Gym FEE: \$35/player per session	
<input type="checkbox"/> 15-18's CLINIC – Sunday, July 17 at 6:45pm-8:45pm <input type="checkbox"/> 15-18's CLINIC – Saturday, July 23 at 2:30pm-4:30pm <input type="checkbox"/> 15-18's CLINIC – Sunday, July 24 at 6:45pm-8:45pm	

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 2022-2023 Pre-Tryout Clinics. 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: _____