

TREMORS

VOLLEYBALL CLUB

2023 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, 2023 – September 3, 2023

WHERE: Holy Trinity Gym

FEE: \$650/Player for Group 4-6 (18 sessions), \$500/Player for Group 7 (14 sessions)

- Group 4 (14's & Older):** *Wednesdays, Thursdays, Fridays, starting on July 19, 2023 through August 26, 2023*
 Wednesdays 7:30pm-9:30pm (July 19, 26, August 2, 9, 16, 23)
 Thursdays 7:30pm-9:30pm (July 20, 27, August 3, 10, 17, 24)
 Fridays 5:00pm-7:00pm (July 21, 28, August 4, 11, 18, 25)
- Group 5 (13's & Older):** *Tuesdays, Thursdays, Saturdays, starting on July 15, 2023 through August 26, 2023*
 Saturday, July 15, 2023 from 2:30pm-4:30pm
 Tuesdays 5:00pm-7:00pm (August 1, 8, 15, 22, 29)
 Thursdays 5:30pm-7:30pm (July 20, 27, August 3, 10, 17, 24)
 Saturdays 10:30am-12:30pm (July 22, 29, August 5, 12, 19, 26)
- Group 6 (14/13's, 12/11's):** *Mondays, Wednesdays, Saturdays, starting on July 17, 2023 through August 28, 2023*
 Mondays 5:00pm-7:00pm (July 17, 24, 31, August 7, 14, 21, 28)
 Wednesdays 5:30pm-7:30pm (July 19, 26, August 2, 9, 16, 23)
 Saturdays 8:30am-10:30am (July 22, 29, August 5, 12, 19)
- Group 7 (13/14's, 11's & Under):** *Saturdays & Sundays, starting on July 22, 2023 through September 3, 2023*
 Saturdays 12:30pm-2:30pm (July 22, 29, August 5, 12, 19, 26, September 2)
 Sundays 12:45pm-2:45pm (July 23, 30, August 6, 13, 20, 27, September 3)

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 2023 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: _____