

TREMORS

VOLLEYBALL CLUB
TRYOUT REGISTRATION
15's – 18's DIVISION
2023-2024 SEASON

PLAYER INFORMATION	
NAME:	
AGE:	BIRTHDATE:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
DIVISION(S) TRYING OUT FOR (circle all that apply): 15 16 17 18	
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 2023-2024 TRYOUT REGISTRATION FORM
2. TRYOUT FEE: \$40 FOR 1 DAY, \$45 FOR 2 DAYS CHECK PAYABLE TO: SF TREMORS VBC

FRIDAY, JULY 28, 2023		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
15's, 17's	4:30PM-5:00PM	5:00PM-7:00PM
SATURDAY, JULY 29, 2023		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
16's 18's	2:00PM-2:30PM	2:30PM-4:30PM
SUNDAY, JULY 30, 2023		
AGE DIVISION	REGISTRATION TIME	TRYOUT TIME
15's, 17's	2:15PM-2:45PM	2:45PM-4:45PM
16's, 18's	4:15PM-4:45PM	4:45PM-6:45PM

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 2023-2024 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 #: