

# TREMORS

## VOLLEYBALL

### DEVELOPMENTAL PRACTICE SQUAD

2024-2025

PLAYER INFORMATION	
NAME:	
AGE:	DATE OF BIRTH:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
SHIRT SIZE:	
<input type="checkbox"/> ADULT S <input type="checkbox"/> ADULT M <input type="checkbox"/> YOUTH L <input type="checkbox"/> YOUTH XL <input type="checkbox"/> ADULT L <input type="checkbox"/> ADULT XL	
DPS GROUP SIGNING UP FOR:	
<input type="checkbox"/> DPS 1/2 – 6 to 12 year olds <input type="checkbox"/> DPS 3/4 – 12 to 17 year olds	

PARENT/GUARDIAN INFORMATION
NAME:
PHONE:
EMAIL:

### 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 participating in the 2024-2025 Developmental Practice Squad 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: \_\_\_\_\_