

TREMORS

VOLLEYBALL CLUB

2025 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 1: June 2, 2025 – July 29, 2025

WHERE: Holy Trinity Gym

FEE: \$650/Player for 18 Practice Sessions

- ☐ **Group 1 (13's, 12's):** *Monday, Wednesday, Saturday, starting on June 2, 2025 through July 15, 2025*
Mondays 5:00pm-7:00pm (June 2, 9, 16, 23, 30, July 7, 15)
Wednesdays 5:30pm-7:30pm (June 4, 11, 18, 25, July 2, 9)
Saturdays 8:30am-10:30am (June 7, 14, 21, July 5, 12)
- ☐ **Group 2 (15's, 14's, 13's):** *Tuesday, Thursday, Saturday, starting on June 3, 2025 through July 15, 2025*
Tuesdays 5:00pm-7:00pm (June 3, 10, 17, 24, July 1, 8, 15)
Thursdays 5:30pm-7:30pm (June 5, 12, 19, 26, July 10)
Saturdays 10:30am-12:30pm (June 7, 14, 21, 28, July 5, 12)
- ☐ **Group 3 (13's/12's, 11's & Under):** *Friday, Saturday, Sunday, starting on June 1, 2025 through July 13, 2025*
Fridays 5:00pm-7:00pm (June 6, 13, 20, 27, July 11)
Saturdays 12:30pm-2:30pm (June 7, 14, 21, 28, July 5, 12)
Sundays 12:45pm-2:45pm (June 1, 8, 15, 22, 29, July 6, 13)

PARENT/GUARDIAN INFORMATION
NAME:
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 2025 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: _____