

# 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 2:** July 12, 2025 – August 31, 2025

**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 16, 2025 through August 22, 2025*  
 Wednesdays 7:30pm-9:30pm (July 16, 23, 30, August 6, 13, 20)  
 Thursdays 7:30pm-9:30pm (July 17, 24, 31, August 7, 14, 21)  
 Fridays 5:00pm-7:00pm (July 18, 25, August 1, 8, 15, 22)
- ☐ **Group 5 (14's & Older):** *Tuesdays, Thursdays, Saturdays, starting on July 12, 2025 through August 28, 2025*  
 Saturday, July 12 from 2:30pm-4:30pm  
 Tuesdays 5:00pm-7:00pm (August 5, 12, 19, 26)  
 Thursdays 5:30pm-7:30pm (July 17, 24, 31, August 7, 14, 21, 28)  
 Saturdays 10:30am-12:30pm (July 19, 26, August 2, 9, 16, 23)
- ☐ **Group 6 (14/13's, 12/11's):** *Mondays, Wednesdays, Saturdays, starting on July 14, 2025 through August 23, 2025*  
 Mondays 5:00pm-7:00pm (July 14, 21, 28, August 4, 11, 18)  
 Wednesdays 5:30pm-7:30pm (July 16, 23, 30, August 6, 13, 20)  
 Saturdays 8:30am-10:30am (July 19, 26, August 2, 9, 16, 23)
- ☐ **Group 7 (14/13's, 11's):** *Saturdays & Sundays, starting on July 19, 2025 through August 31, 2025*  
 Saturdays 12:30pm-2:30pm (July 19, 26, August 2, 9, 16, 23, 30)  
 Sundays 12:45pm-2:45pm (July 20, 27, August 3, 10, 17, 24, 31)

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: \_\_\_\_\_