

TREMORS

VOLLEYBALL CLUB
2026 SUMMER PROGRAM

PLAYER INFORMATION	
NAME:	
AGE:	DATE OF BIRTH:
ADDRESS:	
CITY:	ZIP:
SCHOOL:	GRADE:
CLUB EXPERIENCE (IF ANY, LIST CURRENT AND PREVIOUS CLUB TEAMS):	
<p style="text-align: center;">SESSION 1: June 1, 2026 – July 14, 2026 WHERE: Holy Trinity Gym FEE: \$750/Player for 18 Practice Sessions</p> <p style="text-align: center;">Drop-ins are welcome for \$50/session – highlight or circle session(s) attending</p> <p><input type="checkbox"/> Group 1 (13/12's, 11/10's): <i>Monday, Wednesday, Saturday, starting on June 1, 2026 through July 13, 2026</i> Mondays 5:00pm-7:00pm (June 1, 8, 15, 22, 29, July 6, 13) Wednesdays 5:30pm-7:30pm (June 3, 10, 17, 24, July 1, 8) Saturdays 8:30am-10:30am (June 6, 13, 20, 27, July 11)</p> <p><input type="checkbox"/> Group 2 (15/14's, 13's/adv 12's): <i>Tuesday, Thursday, Saturday, starting on June 2, 2026 through July 14, 2026</i> Tuesdays 5:00pm-7:00pm (June 2, 9, 16, 23, 30, July 7, 14) Thursdays 5:30pm-7:30pm (June 4, 11, 18, 25, July 2, 9) Saturdays 10:30am-12:30pm (June 6, 13, 20, 27, July 11)</p> <p><input type="checkbox"/> Group 3 (14's/13's, 12's/11's/10's): <i>Friday, Saturday, Sunday, starting on June 5, 2026 through July 12, 2026</i> Fridays 5:00pm-7:00pm (June 5, 12, 19, 26, July 3, 10) Saturdays 12:30pm-2:30pm (June 6, 13, 20, 27, July 4, 11) Sundays 12:45pm-2:45pm (June 7, 14, 21, 28, July 5, 12)</p>	

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 2026 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: _____