

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>SESSION 2: July 11, 2026 – August 30, 2026</p> <p>WHERE: Holy Trinity Gym</p> <p>FEE: \$750/Player for Group 4-6 (18 sessions), \$600/Player for Group 7 (14 sessions)</p> <p>Drop-ins are welcome for \$50/session – highlight or circle session(s) attending</p> <p><input type="checkbox"/> Group 4 (14's & Older): <i>Wednesdays, Thursdays, Fridays, starting on July 15, 2026 through August 21, 2026</i> Wednesdays 7:30pm-9:30pm (July 15, 22, 29, August 5, 12, 19) Thursdays 7:30pm-9:30pm (July 16, 23, 30, August 6, 13, 20) Fridays 5:00pm-7:00pm (July 17, 24, 31, August 7, 14, 21)</p> <p><input type="checkbox"/> Group 5 (15's, 14's, 13's): <i>Tuesdays, Thursdays, Saturdays, starting on July 11, 2026 through August 27, 2026</i> Saturday, July 11 from 2:30pm-4:30pm Tuesdays 5:00pm-7:00pm (August 4, 11, 18, 25) Thursdays 5:30pm-7:30pm (July 16, 23, 30, August 6, 13, 20, 27) Saturdays 10:30am-12:30pm (July 18, 25, August 1, 8, 15, 22)</p> <p><input type="checkbox"/> Group 6 (14/13's, 12/11's): <i>Mondays, Wednesdays, Saturdays, starting on July 13, 2026 through August 22, 2026</i> Mondays 5:00pm-7:00pm (July 13, 20, 27, August 3, 10, 17) Wednesdays 5:30pm-7:30pm (July 15, 22, 29, August 5, 12, 19) Saturdays 8:30am-10:30am (July 18, 25, August 1, 8, 15, 22)</p> <p><input type="checkbox"/> Group 7 (12/11's, 10/9's): <i>Saturdays & Sundays, starting on July 18, 2026 through August 30, 2026</i> Saturdays 12:30pm-2:30pm (July 18, 25, August 1, 8, 15, 22, 29) Sundays 12:45pm-2:45pm (July 19, 26, August 2, 9, 16, 23, 30)</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: _____