TREMORS
VOLLEYBALL CLUB

2026 In-House League

PLAYER INFORMATION	
NAME:	
AGE:	**DATE OF BIRTH:**
ADDRESS:	
CITY:	**ZIP:**
SCHOOL:	**GRADE:**
CLUB EXPERIENCE (IF ANY, LIST CURRENT AND PREVIOUS CLUB TEAMS):	

In-House League 1: Aug. 9, 2026 – Sept. 20, 2026

WHERE: Holy Trinity Gym

FEE: $200/Player for 8 Games Sessions

❑ In-House Summer League Games: Every Sunday on August 9, 16, 23, 30,
Tentative Sept. 6, 13, & 20th from 3 pm-7 pm.
Each team will play 2 matches with one ref. Assignment per week schedule

The matches will be played for 3 sets (games) up to a 25-point cap, regardless of whether a team wins the first two matches.
I designed it this way so all the players will get more opportunities to play.

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: _____