TREMORS
VOLLEYBALL CLUB

2026 AAU FALL LEAGUE

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

Date: Sept. 6, 13 & 20th

WHERE: Solano CC or Alan Witty College

FEE: $500 / Per Player and $35 per tournament

Please Note: Sept. 6, 13 & 20th might be rescheduled due to our possible AAU Fall League tournament competition depending on the AAU Fall League schedule. Our last year's 14's AAU Fall League team Won the Gold Division Championship Title. While my last year's 11's Wolverines AAU Fall League team won the Silver Division Championship Title. It's a great way to get the players ready for the upcoming NCVA Oct. tryouts and/or for their respective middle school team.

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: _____