

Please Print and Bring to Tryouts or Email the Form to ybguru13@aol.com or ybguru13@gmail.com

Quicksilver Volleyball Club Tryout Form

Date _____ Tryout Age _____

Name _____

School _____ Current Grade _____

Birth Day(mm/dd/yy) _____ Age _____ Year-Graduating _____ Height _____

Have you played for the Quicksilver Volleyball Club before? Yes No

Check if Applies – Just finished playing: CYO Middle High School DID NOT Play on team this year
14s & Up (# 1 for Best position; if multiple then 2, 3...) Setter (Left)OH Middle (Right)OH DS/Libero

Parent and/or Guardian Info: Names: _____

Address: _____ City: _____ Zip: _____

Cells: Moms(_____) _____ Dads(_____) _____ Players(_____) _____

Player E-Mail(Clearly) _____ Mom or Dad: _____

Check Level: If selected for **Regionals (13s thru 18s); Are you interested in? (Circle one)** Yes or No
If selected or asked to move to **American (13s thru 18s); Are you interested in? (Circle one)** Yes or No

Please note if you are playing winter or spring school sports:

We believe in multisport athletes. We are just trying to determine/help with schedules.

\$15.00 for all tryouts (Non-Refundable)

QUICKSILVER VOLLEYBALL CLUB WAIVER & RELEASE OF LIABILITY

THIS FORM MUST BE SIGNED BEFORE THE PLAYER IS PERMITTED TO PARTICIPATE IN ANY TRY TRYOUTS, CAMPS, COMPETITION OR PRACTICE.

I acknowledge that volleyball is an extreme test of a person physical and mental limit and carries with it the potential of serious injuries....

I HEREBY ASSUME THE RISK OF PARTICIPATING OR OFFICIATING IN THE QUICKSILVER VOLLEYBALL CLUB EVENTS.

I HEREBY TAKE THE FOLLOWING ACTION FOR MYSELF, MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS:

I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS OR LIABILITIES FOR INJURIES OF ANY KIND, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN OR MY TRAVELING TO AND FROM ANY VOLLEYBALL EVENTS, THE FOLLOWING PERSONS OR ENTITIES:

a- The members of Quicksilver volleyball club, sponsors and representatives of any of the above.

b- I agree not to sue any of the persons or entities mentioned above.

c- I indemnify and hold harmless the persons or entities mentioned above from any claim or liability against them as a result of my actions.

BY SIGNING THIS FORM, I AFFIRM THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

I am under the age of 18 years my parent/guardian has read and completed the section below.

The undersigned _____ of _____(minor) hereby executes the foregoing waiver and release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the term of the waiver and release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, I agree to indemnify and hold harmless the persons or entities mentioned above for any claim or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the waiver and release.

Print participant name _____

Participant signature _____

Print guardian name _____

Guardian signature/Date _____

Emergency number (_____) _____