

2012 Top Gun Volleyball Club

Spring Tryout Permission/Waiver Form

To be completed and signed by parent/guardian. Please bring completed form to tryout.

Name _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ County _____ Zip _____

School Name _____ Grade _____ Position _____

Parent's Names _____

Home Phone (_____) _____ Work/Cell Phone (_____) _____

Email Address _____

T-shirt Size _____ Top Three Uniform Number Choices _____

I verify that my daughter, _____, is in good physical health and has my permission to participate in the Top Gun VBC tryouts. In the event of an emergency, I hereby authorize the Top Gun VBC staff to act on my behalf to secure any and all medical attention they deem necessary for the health of my daughter until such time that I may be contacted. I also hereby assume responsibility for any and all payment of such treatment.

I recognize there are risks involved with my daughter's participation in this tryout and I hereby release the Top Gun VBC, their staff and associates, along with Howell Public Schools, their staff and associates of any and all liability in the event of any illness or injury arising out of or related to traveling to and from or during participation in the Top Gun volleyball tryout.

My daughter's known allergies are _____

Any medical condition(s) the staff should know about? _____

Parent Signature _____ Date _____

Emergency Contact Information During Tryout:

Name _____ Phone Number (_____) _____

Name _____ Phone Number (_____) _____

Have you attended tryouts for another program prior to this? Yes No

How did you find out about this tryout?

Newspaper Friend E mail Flier Coach Web site Other _____