949 Athletics Tryout/Workout/Clinic Info & Waiver Form

Player's Name|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|Male __ Female ___

School __________________________ Grade___Date of Birth__________________ Age on Sept 1, 2009 __

Club or School Experience _______________________Position (if Applicable) ______________________________

Play on School Team (Yes/No)?____ If so, what team?____________(Varsity, Jr Varsity, Fr/Soph, 8th Grade, 7th Grade, etc)

E-Mail, player |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, Player (Personal land line)|_|_|_|_|_|_|_|_|_|_|_|_| (Cell) |_|_|_|_|_|_|_|_|_|_|_|

Address|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Street Address

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

City, State and Zip Code

Parent's Information

Parents Name(s) (Mom & Dad) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Address, if different|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Street Address

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

City, State and Zip Code

E-Mail Address, if different from player's |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, home |_|_|_|_|_|_|_|_|_|_|_|_|| Phone # Work |_|_|_|_|_|_|_|_|_|_|_|_|

Phone #, Cell |_|_|_|_|_|_|_|_|_|_|_|_| Phone #, other |_|_|_|_|_|_|_|_|_|_|_|_|

Release and hold harmless agreement / Authorization for treatment of a minor: In consideration of participation in 2009-2010 ,949 Athletics Volleyball Club activities ("activities"), including but not limited to tryouts, clinics, workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities, and with complete understanding said participant shall or may take a physical test of volleyball skills, I (we) understand and agree to the following:________________________ __________________, participant is hereby given my consent to participate in tryouts, clinics, workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities with 949 Athletics Volleyball Club in 2008 and 2009. I give permission for 949 Athletics Volleyball to use pictures of my child in the future for publicity use only.

____________________________________ _______________

Parent / Guardian Signature Date

The undersigned does hereby waive, release, acquit and forever discharge all coaches and others associated with 949 Athletics Volleyball Club and each of them from any and all acts, causes of action, claims, demands, damages, costs loss of service, expenses and compensation, on account of or which may in any way develop out of any and all known and unknown personal injuries or property damages which the player/participant may suffer during the course of or as a result of the participation in 949 Athletics Volleyball Club activities, including but not limited to the activities themselves, time spent after the activities, and travel to and from the activities.

The undersigned does hereby waive, release, acquit and forever discharge 949 Athletics Volleyball Club, its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with 949 Athletics Volleyball Club, and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damages which the player/participant may suffer during the course of or as a result of participation with 949 Athletics Volleyball Club throughout 2009 and 2010, including but not limited to tryouts, clinics workouts, practices, beach tournaments, other tournaments, competition, field trips and other activities, and travel to and from the activities. I also give

I hereby acknowledge that I am the lawful parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide medical care and/or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

______________________________ ________ ________________________ ________

Signature of Parent or Guardian Date Signature of Player Date

______________________________ ________________________

Please print name of parent or guardian Please print name of player

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For Office Use only: **Player's Name** |_|_|_|_|_|_|_|_|_|_|_|_| Phone **#:** |_|_|_|_|_|_|_|_|_|_|_|_|