



OFFICE USE ONLY

TO# _____
 Payment: Y / N Ck# _____
 Age Verif: _____
 10/11 Player: Y / N
 Rec: _____

2011-2012 Tryout Registration Form

Athlete Information

Player's Last Name: _____ Player's First Name: _____

Street Address: _____ Home Phone: () _____

City: _____ Zip: _____ Cell Phone: () _____

Player Position(s): Outside _____ Middle _____ Setter _____ Opposite _____ Def. Spec _____

School Name: _____ Grade: _____ Birth Date: _____

| | | | | | |
|-------------------------------------|---|---------------------------------------|-------------------------------------|----|----|
| Region (circle one): | East Bay | Peninsula | South Bay | | |
| Participation Date(s) (circle one): | SATURDAY \$30.00 / (\$40.00 At Door) | SUNDAY \$30.00 / (\$40.00 At Door) | BOTH \$50.00 / (\$60.00 At Door) | | |
| Team Trying Out For (circle one): | 18 | 17 | 16 | 15 | 14 |
| T-Shirt Size: | S | M | L | XL | |
| Participation: (circle one): | Practice Player | | Full Season Player | | |

Parent Information

Parent's Last Name: _____ Parent's First Name: _____

Parent's Email: _____

I have provided the above information understanding it will not be published outside of Renegades Volleyball Club without my express written consent. Also all the information provided above is accurate and true to the best of my knowledge.

In consideration for being permitted by Renegades Volleyball Club (RVBC) to participate in the above tryouts, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I or my child (if participating) may have, of which hereafter accrue to me, or my child, against RVBC as a result of my or my child's participation in the activity. This release is intended to discharge Renegades Volleyball Club, its officers, Board of Directors, volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY RENEGADES VOLLEYBALL CLUB AND I SIGN IT OF MY OWN FREE WILL.

| | | |
|-----------------------------|----------------------------------|-------------|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
|-----------------------------|----------------------------------|-------------|

Please Mail w/ Payment To:

**Renegades Volleyball Club
 6270 Houston Place, Ste. B
 Dublin, CA 94568**

(925) 580-1897

*