

Tryout Number: _____

Northside Out Chicago VBC Registration Form/Tryout Information Sheet

Player Information:

Athlete Name: _____ Age: ____ Birthdate: ____/____/____

Grade: ____ School: _____ Email: _____

Parent Name: _____ Parent Phone: _____

Address: _____ City: _____ Zip: _____

Previous Experience/Position: _____

I/We, the undersigned hereby certify that I/we am/are the parent/legal guardian of the participant. I hereby give my child the permission to participate in the Northside Out Chicago VBC tryouts and give permission for the staff of the club to seek, during the period of the tryouts, appropriate medical attention for my child and for medical attention to be given for my child to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

LIABILITY WAIVER: RELEASE: In consideration of acceptance of my child being permitted to take part in the Northside Out Chicago VBC volleyball tryouts, I agree, both personally and on behalf of my child or charge, to save harmless and keep indemnified Northside Out Chicago VBC, CPD, its directors, coaches, organizers, officials and agents from and against all claims, actions, costs, expenses, and demands. It is understood and agreed that this release is binding on my child or charge, myself, my heirs, my executors, and assigns. This is a release from all liability.

Parent/Guardian Signature

Date

Administrative Use Only

Passing/Digging: 1 2 3 4 5 _____

Setting: 1 2 3 4 5 _____

Hitting: 1 2 3 4 5 _____

Serving: 1 2 3 4 5 _____

Attitude/Effort: 1 2 3 4 5 _____

Aggressiveness: 1 2 3 4 5 _____

Court Knowledge: 1 2 3 4 5 _____

Overall Level of Play: 1 2 3 4 5 _____

Notes: