

Tryout Number: \_\_\_\_\_

## Northside Out Chicago VBC Registration Form/Tryout Information Sheet

### Player Information:

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_ School: \_\_\_\_\_ Parent 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.

I understand that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does not exist and I knowingly and freely assume all such risks, both known and unknown, even is arising from the negligence of the releasees or others and assume full responsibility for my participation.

\_\_\_\_\_  
**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 \_\_\_\_\_