

Dash Point Volleyball Club
2007/2008 Tryout Registration and Waiver
www.DashPtVBC.com

Procedure:

Complete and sign this form and return the form and the \$10 tryout fee to:

Bob Stewart/ DPTVBC
2655 SW 164th PL
Burien, WA 98166

A limited number of late tryout spaces are available for each of our boys and girls teams. Please check our website (above) for the team status. If you have questions, please contact Bob at 206-248-1583 or bojstewart@att.net . Registrations may be submitted the day of tryouts.

Participant Information (please print):

Name: _____ . Team: Boys/Girls U12 U13 U14 U15 U16 U17
(circle gender and age of team)

Birth date: ____/____/____ .

Address: _____ ; City: _____ ; Zip : _____ .

Phone: _____ (h), _____ (cell).

School: _____ ; Grade: _____ ; Grad. Year: _____ .

Most recent volleyball experience: HS-Varsity HS-JV HS-C Club(U_ _) Other _____ .

Parent/Guardian Name: _____ .

Contact Info: _____ (phone), _____ (email).

Emergency contact (name and phone): _____ .

Player's medical insurance: _____ ; Policy: _____ .

Waiver and Release of Liability for Minor Participants

To be completed by the parent/guardian of minor participants.

I, the parent or legal guardian of the minor participant as stated above, do:

- Represent that I have the legal capacity and authority to act for and on behalf of said minor;
- Acknowledge there is an inherent risk of serious injury and potential death associated with participation in the tryouts;
- With full understanding of the potential risks, give my permission for said minor to participate in the tryouts;
- Bind myself, the minor, and all other assigns to the terms of this Waiver and Release;
- Agree to indemnify and hold harmless The Renton School District, The Dash Point Volleyball Club, its Directors, staff and volunteers, for any claims and liabilities arising out of participation in this tryout;
- In my absence, authorize emergency medical care as deemed necessary by the club's staff and emergency medical caregivers as may be summoned in the event of an accident;
- Certify that all statements are true and complete to the best of my knowledge.

Signature: _____ . Date: _____ .