

Tryout Jersey No. _____
Position: _____
For Coaches Use Only

XCELERATION VBC TRYOUT REGISTRATION FORM

November 7&8, 2009

Berean Christian H.S. – Walnut Creek

Cost: \$35.00

Player Name: Last _____ First _____

Date of Birth: _____ School: _____ Grade: _____

Position(s): Setter Defensive Specialist Libero

Height: ___ R/L Hand ___ Outside Middle Opposite

Tryout Age Group: 12 13 14 15 16 17 18

Prior Club Experience (if any) _____

CONTACT INFORMATION

Parent Name: Last _____ First _____

Home Address: _____ City/Zip: _____

Home Phone: () _____ Parent Cell: () _____

Parent E-mail: _____ @ _____

Player Cell: () _____ Player E-mail: _____ @ _____

RELEASE

The undersigned parent/guardian of the above-named Player verifies that the information set forth above is true and correct. On behalf of myself, my child, and our respective heirs, successors, and representatives, I hereby release and hold harmless Xceleration Volleyball Club LLC, and its principals, employees, agents and representatives (hereafter jointly and severally "Xceleration"), from any and all liability in connection with any injury or damages sustained by my child or myself arising out of or relating in any way to the tryout, and any acts or omissions associated with the tryout, even if such injury or damage is caused by the sole negligence, whether active or passive, on the part of Xceleration. I understand and affirm that I am solely responsible for medical insurance coverage for any such injury or damage, whether to myself or my child.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Fee: \$35.00 Please make check payable to Xceleration VBC.

Xceleration Use Only

Date _____ Cash: _____ Check No.: _____
NCVA Forms: Membership _____ Tryout Pass _____