



Tryout No.

Please attach a recent photo of yourself

2008-09 TRYOUT FORM

Please check the box of what team you are trying out for:

- 12 & UNDER TEAM** – Players who were born on or after **September 1st, 1996**
- 14 & UNDER TEAM** – Players who were born on or after **September 1st, 1994**
- 15 & UNDER TEAM** – Players who were born on or after **September 1st, 1993**
- 16 & UNDER TEAM** – Players who were born on or after **September 1st, 1992**
- 17 & UNDER TEAM** – Players who were born on or after **September 1st, 1991**
- 18 & UNDER TEAM** – Players who were born on or after **September 1st, 1990**

Instructions:

1. Please fill out all front and back out all South Valley Volleyball forms completely.
2. Please fill out all front and back out all Southern California Volleyball Association (SCVA) and USA Volleyball (USAV) forms completely.
3. South Valley Volleyball coaches and staff will make the final decision as to what team an individual will be placed on, regardless of what tryout they attended.

PLAYER'S NAME: _____

GRADE 2008 – 2009: HEIGHT: AGE AS OF 9.1.07: BIRTHDATE:

PRINT PARENT/GUARDIAN NAME: _____ CONTACT #: _____

STREET ADDRESS:

CITY: ZIP:

EMAIL:

Playing experience:

- Middle School: _____ Club: _____
- High School: _____ Other: _____

Positions played:

- Setter Outside Hitter Defense Specialist / Libero
- Middle Blocker Opposite No Preference, just want to play

PARENTS & PLAYERS – PLEASE COMPLETE THE BACK PAGE



TRYOUT RELEASE & WAIVER FOR A MINOR

READ BEFORE SIGNING

IN CONSIDERATION OF X my minor child/ward ("my child"), being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I am aware of my child's experience, capabilities and limitations and believe my child to be qualified, in good health, and in proper physical and emotional condition to participate in such activities and further understand that any insurance provided by the SOUTH VALLEY VOLLEYBALL program is secondary insurance to the player's/child's families primary insurance, and will be used accordingly; and,
3. As a participant trying out for a club team with SOUTH VALLEY VOLLEYBALL I acknowledge that this volleyball tryout is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury and great bodily harm. I further understand that during the tryout and in the course of normal volleyball play, player's frequently fall, contact one another, dive for balls, jump and may accidentally land on the foot of another player or another part of a player's body, and encounter similar injury-encountering events. Additionally, as a tryout participant and knowing what my child's capabilities are, my child is aware and I will only have them attempt actions with what they are comfortable and capable of performing; and,
4. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
5. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
6. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
7. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

| | | |
|---------------------------|-------------|------------|
| <u> X </u> | <u> X </u> | <u> X </u> |
| PARENT/GUARDIAN SIGNATURE | DATE SIGNED | PRINT NAME |

UNDERSTANDING OF RISK – I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

| | | |
|-----------------------|-------------|------------|
| <u> X </u> | <u> X </u> | <u> X </u> |
| PARTICIPANT SIGNATURE | DATE SIGNED | PRINT NAME |