Yucaipa Volleyball Club
Tryout Registration Form
(Bring this with you to tryouts)

Player Name _____ DOB _____ Height _____

Address_____ City_____ Zip_____

Phone (to contact you to offer a team spot) _____

Parent Email Address _____

School _____ Grade_____ Position Preference_____

Playing Experience: Club for ____ years. Last Club_____

High School on _____team. (JV or Varsity)

USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM
-JUNIOR PLAYERS ONLY-

NOTE: This form must be read and signed before the USA Volleyball member listed below is allowed to take part in any training, competition, practice/warm-up sessions, meetings or testing sessions.

I, THE PARTICIPANT, AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any other sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN OR OFFICIATING A VOLLEYBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I waive, release and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: USA Volleyball, its Regional Volleyball Associations, the Southern California Volleyball Association (SCVA); the tournament director, sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that have waived, released or discharged herein; c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I agree to allow USA Volleyball and/or the SCVA and/or Yucaipa Volleyball Club to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me.

_____	_____	_____
Printed Name	Participant's Signature	Date Signed

THE PLAYER IS UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following for and on behalf of the minor.) The undersigned Parent or Guardian (circle one) of _____ (minor's name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in execution of the Waiver and Release.

_____	_____	_____
Printed Name	Parent/Guardian's Signature	Date Signed