



TRYOUTS REGISTRATION FORM

\$40 FEE

\$50 FEE (AT DOOR - Cash only)

<https://pay.xpress-pay.com/org/0C759985EB7A444>

Athletics' Name: _____

Address: _____

City/Zip Code: _____

Medical Release Form received

Tryout Fee Pre-registered

Paid at the door

Athletics' Date of Birth: _____ Age on **August 31, 2021**: _____

Age Division: 13U 14U 15U 16U 17U 18U (circle one)

Position Preference: (please circle at least one)

Setter OH MH RH DS LIBERO

Name of Parent/Guardian: _____

Home Number: _____ Cell Number: _____

Parent email address: _____

Athletics' email address: _____

School Name: _____

Grade: _____



TRYOUTS RELEASE FORM

All Shockwave rules and regulations will apply during the tryout(s). Therefore, please complete and sign the following statement:

I, _____ (parent/guardian), on this _____ day of _____, 20 _____ hereby affirm my child, _____, shall be able to participate in activities throughout the tryout period. I understand that sporting activities have inherent risks associated with them. In consideration of being able to register and participate in Shockwave Volleyball tryout(s), and acting on behalf of my minor child, and myself, I hereby assume all risks and hazards associated with participation in the tryout(s).

Acting on behalf of myself and my minor child, I agree to release, hold harmless, defend and indemnify Shockwave, West Johnston High School, including by not limited to Shockwave Coaches and their respective officers and directors (the "released parties") from any damages or injuries, physical or mental, including those caused in whole or in part by the negligence of any release party, which my minor child or I might incur as a result of my voluntary decision to allow my child to participate in the tryout(s).

I further agree to release, hold harmless, defend and indemnify the release parties and each of them from any claim brought by a third party, including a co-participant, any injury or loss suffered by that person caused in whole or in part by the actions of my child or myself.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian