

TRYOUTS REGISTRATION FORM

\$40 FEE (paid online) \$50 FEE (paid at the door)
<https://pay.xpress-pay.com/org/0C759985EB7A444>

Athletics' Name: _____

Address: _____

City/State/Zip Code: _____

Medical Release Form received _____

Tryout Fee _____ Pre-registered
_____ Paid at the door

Athletics' Date of Birth: _____ Age on **August 31, 2023**: _____

Age Division: 12U ____ 13U ____ 14U ____ 15U ____ 16U ____ 17U ____ 18U ____

Position Preference: (please place a check beside appropriate choice(s))

Setter ____ OH ____ MH ____ RH ____ DS ____ LIBERO ____

Name of Parent/Guardian: _____

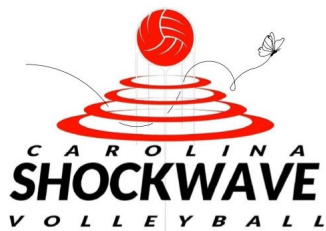
Parent Number: _____ Athletics' Number: _____

Parent/Guardian 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 Club 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, the Town of Selma, the Town of Selma Recreation and Parks Department, and staff
members, 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

Forms must be printed and brought to tryout(s). Form(s) cannot be reproduce without the consent of Shockwave Volleyball Club.