

2019 Tryout Registration Form

Tryouts: 12U – 14U October 27, 2019 from 1PM – 3PM

15U – 18U November 10, 2019 from 3:30 PM – 5:30 PM

Name: _____

Address: _____

City/Zip Code: _____

Medical Release Form turned in _____ Tryout Fee _____ \$35 – pre-registered
_____ \$40 at door

Date of birth: _____ Age on August 31, 2019: _____

Age Division: 12U 13U 14U 15U 16U 17U 18U (circle one)

Position Preference: (please circle one at least one)

Setter OH MH RH DS Libero

Mother's Name: _____

Home phone #: _____ Cell phone # _____

Father's Name: _____

Home phone #: _____ Cell phone #: _____

Family email address: _____

School Name: _____

Grade: _____

Tryout Release Form

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

I, _____ (parent/guardian),
on this ____ day of _____, 20 ____ hereby affirm
my child, _____, shall be able
to participate in activities through the tryout period. I understand that Shockwave
Volleyball activities have inherent risks. In consideration for being able to enroll and
participate in the 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 NC Shockwave, West Johnston High School, including by not
limited to : NC Shockwave Coaches, and their respective officers and directors (the
“released parties”) for any damage or injuries, physical or mental, including those
caused in whole or in part by the negligence of any release party, which I or my
minor child 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,
for 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