



Tryouts November 4th for 12U-14U 1pm-3pm/November 4th for 15U-18U 3:30-5:30pm

Tryout Registration Form

Name: _____

Address: _____

City/Zip Code: _____ USAV Membership #: _____

Medical Release Form Turned In? _____ Tryout Fee (\$35) Turned In? _____

Date of birth: _____ Age on August 31, 2018: _____

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

Position Preference: (Please Circle 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: _____ Grade: _____



All Shockwave rules and regulations will apply during the tryout. Therefore, please sign the following statement to complete this Tryout Release Form:

I, _____ (Parent/Guardian), on this date _____, 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, and acting on behalf of myself and my minor child, I hereby assume all risks and hazards associated with participation in the tryout.

Acting on behalf of myself and my minor child, I agree to release, hold harmless, defend and indemnify NC Shockwave, Aycock 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 participate in the tryout.

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 or Guardian (print please)

Signature of Parent or Guardian