



# OUTLAW VOLLEYBALL CLUB

## 2019 TRYOUT REGISTRATION FORM



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthday(ex. 12/30/99): \_\_\_\_\_ Playing Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade 18-19: \_\_\_\_\_ Circle One: Left Handed Right Handed

Position(s): S MB OH DS/L Player Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Player Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Waiver:** I fully understand that Outlaw Volleyball staff members, Outlaw Volleyball as well as coaches paid by Outlaw Volleyball are not physicians or medical practitioners of any kind. I hereby release Elgin ISD and Outlaw Volleyball staff to render temporary first aid to my child, or children, in the event of any injury or illness, and if deemed necessary to call and seek medical help, including transportation by a Outlaw Volleyball Staff member or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Outlaw Volleyball staff deem this to be necessary and I give my consent for any and all medical treatment.

**Waiver:** I recognize the risks and hazards associated with the sport play and my child may suffer injuries, possibly minor, serious or catastrophic in nature. This includes transportation to and from activities. I further agree to encourage my child to follow all the safety rules and the coaches' instruction. Outlaw Volleyball coaches and other staff members will not accept responsibility for injuries sustained by any child or participant during the course of sports activities or open workouts, or in the course of any exhibition, competition, or clinic in which may or may not be located on our property. My executors, and other representatives, and I waive and release all rights and claims for damages that my child or I may have against Outlaw Volleyball and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

**Bring to Tryouts:**  
**Health Insurance Info**  
**\$40 tryout fee**

**Location:**  
**Elgin Flex Campus**  
**902 W 2<sup>nd</sup> St**  
**Elgin, TX**

**Also, additional information regarding season fees and payment schedule will be discussed after tryouts.**

**For questions you can contact Ronnie Kaase @ [outlawvbc@att.net](mailto:outlawvbc@att.net)**