



OUTLAW VOLLEYBALL CLUB

2020 TRYOUT REGISTRATION FORM



First Name: _____ Last Name: _____

Address: _____ City & Zip: _____

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

School: _____ Grade 19-20: _____ 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 2nd 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 or mail form to:

Outlaw Volleyball Club
7403 Grover Ave
Austin TX 78757