Spiketown Volleyball Club - Tryout Registration and Medical Consent Form

Player's Name:_____ Age:_____ Date of Birth:_____/_____/_____

Address:_____

Parent's Preferred Phone #:_____ Can you receive texts on this number? Y____ N____

Secondary Contact Phone #:_____ Can you receive texts on this number? Y____ N____

Email Address:_____

Parents/Guardians Names:_____

School:_____ Grade:_____ **Shirt Size**: (circle one) M L (Youth Sizes) S M L XL (Adult Sizes)

Years of VB Experience: Club____ School____ Jr. Comet____ Other____ None____

Height:_____ft _____in Handed: L / R

Are there any days of the week you cannot participate in practices or games? _____
If yes, what days are unavailable? _____

What position(s) have you played? _____

What position(s) do you prefer? _____

Are you interested in playing on a travel team? Yes____ No____ Maybe____

(Bottom portion of this page is to be completed by Spiketown staff)

Bib #	Notes:

AAU #	Tryout Fee Payment Type: Cash: ___ Check: ___ CK #: _____

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Primary Insurance Co _____ Primary Group/Policy # _____ / _____

Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 month, have you been tested, diagnosed and/or treated for a concussion: ☐ Yes ☐ No
If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Waiver of Liability – All Tryout Participants Must Sign

In consideration of the acceptance of my entry in this activity, I, the undersigned, having fully informed myself of the risks involved FREELY AND VOLUNTARILY AGREE TO ASSUME ALL RISKS incident to or arising from my participation in this activity. I attest and verify, having full knowledge of my physical condition and my limitations that I am physically fit and have sufficiently trained for my participation in this activity. I further WAIVE AND RELEASE for myself, my heirs, assigns, executors and administrators of Spiketown Volleyball Club, it's board members, coaches and staff, from any and all claims for damages or injury, known or unknown, that I may have against them incident to or arising from my participation in this activity and consent to emergency medical care provided by ambulance or hospital personnel. JUVENILES: A parent or guardian's signature must accompany yours.

Participant Name Printed _____ **Participant Signature** _____ Date: _____

Parent/Guardian Name Printed _____ **Parent/Guardian Signature** _____ Date: _____

Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.
Signature: _____ Date: _____
Parent/Guardian

or

I **do not authorize** emergency medical/dental care for my daughter/son.
Signature: _____ Date: _____
Parent/Guardian