

WESTSIDE WARRIORS VOLLEYBALL CLUB

TRYOUT #: _____

AGE DIVISION _____

● Please complete 1 copy

PLAYER'S NAME: _____

ADDRESS: _____

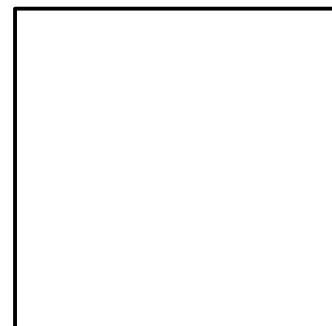
CITY: _____ ZIP: _____

PHONE #: () _____

CELL #:) _____

AGE: _____ BIRTHDAY: _____ HEIGHT: _____ POSITION: _____

SCHOOL/GRADE: _____ HS Graduation Year: _____



PARENT INFORMATION:

Mother's Name: _____

Father's Name: _____

Phone: () _____ Cell: () _____

Phone: () _____ Cell: () _____

E-Mail: _____

E-Mail: _____

I give my child, who is named above, permission to try out for the Westside Warriors Volleyball Club (WVBC) which is an organization composed of competitive teams. I understand that the WVBC has the discretion to invite my child to participate on one of its teams, or play in one of its events, and that I can accept or decline that invitation. If I accept, I understand that it is mandatory for my child to participate and that there will be costs that I will be responsible to pay.

Waiver and Release: I hereby indemnify, defend and hold harmless the Westside Warriors Volleyball Club (WVBC) and its owners, officers, agents, volunteers and employees from any and all claims arising out of injury, accidents, or illness to my child named above while participating in any WVBC clinics, tryouts, training, practices, tournaments, WVBC events and activities as well as travel associated with the club's activities. I authorize the WVBC to act for me according to their best judgment in any emergency or other situations related to the club's activities requiring medical attention or discipline.

My signature below constitutes consent to the applicability of the two preceding paragraphs for the duration of my child's participation with the Westside Warriors Volleyball Club.

PARENT'S SIGNATURE _____

DATE: _____

DANE SELZNICK-DIRECTOR

— CELL: 310-666-7247 —

16162 W. Sunset Blvd., Unit C, Pacific Palisades, CA 90272
E-Mail daneselznick@mac.com www.daneselznick.com