Jr Eagles Volleyball Tryout Form

2019 Walk Up Registration

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New to Jr Eagles Volleyball: \_\_\_\_\_\_\_\_\_\_ 2019-2010 Grade Level: \_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER: I, THE UNDERSIGNED, ASSUME ALL RISK AND HAZZARDS COINCIDENTAL TO VOLLEYBALL ACTIVITIES AND HEREBY RELEASE, ABSOVLE AND HOLD HARMLESS, CHEROKEE COUNTY BOARD OF EDUCATION, CHEROKEE COUNTY COMMISIONERS, CHEROKEE COUNTY EMPLOYEES, ETOWAH JR EAGLES VOLLEYBALL TEAM, ETOWAH JR EAGLES VOLLEYBALL BOOSTER CLUB, ETOWAH JR EAGLES BOARD OF DIRECTORS, ORGANIZERS, SUPERVISORS, COACHES, VOLUNTEERS, PARTICIPANTS AND PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES, FROM ANY CLAIM OR LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CHILD’S PARTICIPATION IN ETOWAH JR EAGLES VOLLEYBALL. I HERBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF ACCIDENT, INJURTY, SICKNESS, ETC. UNDER THE DIRECTION OF ETOWAH JR EAGLES VOLLEYBALL, COACH, ASSISTANT COACH OR ADMINISTRATOR, UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO ASSUME RESPONSIBILITY FOR THE PAYMENT OF ANY EXPENSES ASSOCIATED WITH SUCH TREATMENT. THIS RELEASE IS EFFECTIVE FOR THE PERIOD OF SEVEN MONTHS FROM DATE GIVEN BELOW.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_