

# 2018-19 TRYOUT REGISTRATION FORM \$50



*NOTE: In order to complete this registration, one must be 18 years of age or older. Otherwise, a parent/guardian must complete this form on the athlete's behalf.*

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

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

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

School Coach's Name: \_\_\_\_\_

Grade: (circle one)    6        7        8        9        10        11        12

Skill Level: Beginner    Intermediate    Advanced    Not Sure

Telephone Number: \_\_\_\_\_

Gender:    Male        Female

Date of Birth: MM/DD/YYYY \_\_\_\_\_

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

T-shirt Size (circle 1): Youth    L        Adult    S    M    L    XL    XXL

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

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

How did you hear about this program?: \_\_\_\_\_

## Waiver

I, (or the Parent/Guardian of the above named participant if under 18) acknowledge that there are potential risks in physical activity programs. I assume those risks and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release and agree to save harmless the Maverick Volleyball Club and it's officers, members or agents from claims for loss, injury or damage to persons and property while participating in this program or traveling to and from this program.

I understand that the Maverick Volleyball Club gathers personal information about their participants, including name, address, email, telephone number, gender, date of birth and other information to help in the administration of their programs. This information is for the purpose of communications from the Maverick Volleyball Club with regard to programs, events, promotions and sponsorships.

I understand that the Maverick Volleyball Club have the right to take photographs, videotape, or digital recordings of me at their programs, to be used in any and all media. I am aware that, by giving consent, I am permitting the participant's name and image to be posted on the web, provided to the media, and used in publications which can be viewed by anyone who accesses these websites, external media, or publications. I understand that I may withdraw my consent to the collection, use or disclosure of my personal information at any time by contacting the MVC Privacy Officer (info@maverickvolleyball.ca).

I have read and agree to the above:    YES        NO        Parents initials: \_\_\_\_\_

\*The [OVA liability form](#) (page 3-7) and a \$50 payment is required to participate at Maverick tryouts.\*