



IMPACT VOLLEYBALL CLUB



2020 TRYOUT REGISTRATION FORM

(if mailing, please send to: Rapid Skillz, 840 Centre St, Rapid City, SD 57702)

PLAYER INFORMATION:

PLAYER NAME _____ PHONE NUMBER _____

EMAIL _____ BIRTH DATE _____ AGE _____

AGE GROUP _____ CURRENT GRADE _____ SCHOOL _____

POSITION(S) PLAYED _____

Other sports/activities involved in that may cause conflicts _____

Travel OR Practice Only (choose one) _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME _____ PHONE NUMBER _____

EMAIL _____ EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER _____

PARENT/GUARDIAN INSURANCE PROVIDER _____

INSURANCE POLICY NUMBER _____ GROUP _____

SIGNATURE OF POLICY HOLDER _____

WAIVERS:

I hereby voluntarily permit the above player to participate in IMPACT Volleyball Club at Rapid Skillz Sport Activity Complex. This waiver is inclusive of travel tournaments as well. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. I hereby release Rapid Skillz Activity Complex, IMPACT Volleyball Club, any of the aforementioned business's/club's personnel, coaches, and owners of the facility for any injury acquired during the club season, including travel tournaments.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

I hereby state that the above player is fit to play volleyball. I hereby state that the player has no existing condition(s)/injury in which the player may be put at risk or suffer further implications due to participation in volleyball.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

In the event of an emergency and I am not present, I hereby give my consent to seek medical or dental treatment for the above player.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____