



SLCC Bruin Volleyball Tryout Registration Form



Name: _____ Age ____ Grade _____

Home Phone (____) _____ Cell Phone (____) _____

Email address: _____

High School: _____ Grad. year _____ USAV Club Team: _____

Street _____ City _____ State ____ Zip _____

Insurance Information:

Ins. Company: _____ Policy #: _____

In case of emergency, please notify _____ Phone _____

NCAA Qualifier: Yes No

NCAA Partial Qualifier: Yes No

PRIMARY POSITION PLAYED:

____ Outside Hitter ____ Right/Opp Hitter ____ Middle Blocker ____ Setter ____ Def. Specialist/Libero

Participant/Parent Statement of Agreement

I hereby recognize and assume that participation in this program may involve bodily and/or emotional injury to myself and/or my child and authorize Salt Lake Community College program staff act on my behalf in accordance with their best judgement in case of an emergency; I recognize that all other participative agencies are not held liable for any accident or injury while participating in the above program, and that in the event of injury to myself, Salt Lake Community College is not held responsible for reimbursement of medical expenses resulting from such accident or injury.

By signing this assumption of risks, liability release and refund policy statement, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures and that I agree to its terms.

Signature of Participant: _____

Bring this form with you the day of tryouts.