



TRYOUT REGISTRATION FORM

(Please also complete the reverse side)

Check One: ☐ New to Aftershock

☐ Former Aftershock
Participant

PLAYER INFORMATION:

First Name _____ Last Name _____

School: _____ Grade: _____ Birthdate: _____

PARENT/GUARDIAN INFORMATION: (Please write legibly. Thank you!)

First Name _____ Last Name _____

Mailing/Billing Address: _____

City: _____ Zip Code: _____

Cell Ph. #: _____ Home Ph. #: _____ Work Ph. #: _____

Parent/Guardian's E-Mail: _____

ALTERNATE PARENT OR ADULT CONTACT

Alternate Contact First and Last Name: _____

Alternate E-Mail: _____ Alternate Cell Ph. #: _____

Contacts and Phone #s for Tryout Results (team placement):

1. Player _____ Phone #: _____

2. Parent/Adult 1 _____ Phone #: _____

3. Parent/Adult 2 _____ Phone #: _____

This section to be completed by Aftershock Volleyball staff.

Tryout Number: _____ Age Group: _____ Date: _____

Tryout Fees Paid By: ☐ Check/C.C/M.O. #: _____ ☐ Cash

Aftershock Volleyball Program

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in this volleyball activity (“Activity”) I, for myself, for personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of Athletic Activities and declare that the participant is in physically sound condition and has no disability, illness or other condition preventing the participant from engaging or otherwise participating in sports or other physically challenging activities.
2. **FULLY UNDERSTAND THAT: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS** INCLUDING BUT NOT LIMITED TO SERIOUS BODILY INJURY, (INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH), PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, INFECTIOUS DISEASES (e.g. COVID-19), DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY, ECONOMIC OR EMOTIONAL LOSS, AND/OR PROPERTY DAMAGE (“RISKS”); (b) these Risks and dangers may be caused by my or the participant’s own actions or inactions, the actions or inactions of others, NEGLIGENCE OF THE “RELEASEES” NAMED BELOW, or conditions related to the condition of the facility in which the Activity takes place; (c) there may be OTHER RISKS AND SOCIAL, PSYCHOLOGICAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS, BOTH KNOWN OR UNKNOWN TO ME AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my presence and participation in the Activity or that of the participant. I further agree that “RELEASEES” will not be held liable or responsible for any death, injury, nor the loss or theft of personal property of any kind which occurs during the course of traveling to and from any volleyball “Activity”.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE AFTERSHOCK VOLLEYBALL CLUB**, their respective administrators, directors, agents, officers, members, volunteers, independent contractors and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessee of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY OR the “PARTICIPANT’S” ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which I may incur as the result of such claim.
4. **EMERGENCY MEDICAL RELEASE:**
I (Parent/Legal Guardian) authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician for my child. If I cannot be reached in case of emergency, I hereby grant permission to Aftershock Volleyball Club to have my participant treated by a physician if necessary. I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I or the participant should carry my/her own health insurance.
5. **PERMISSION TO USE VISUAL/VIDEO IMAGES:** I also give consent for any visual/video images, in which this participant may appear, to be used solely for the promotion of Aftershock Volleyball Club and I waive any right to inspect, approve, or be compensated for the use of such images.
6. **CONSENT TO EMAIL COMMUNICATIONS:** I give consent for Aftershock to communicate with me via email about upcoming club events and activities.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

PRINT PARENT/GUARDIAN NAME _____

OR PLAYER’S NAME/SIGNATURE (If 18 years old) _____