

# Dacula Junior Falcons Girls Volleyball

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

*(Players must attend or going to attend Dacula Middle School in the fall)*

Current Grade Level: circle one: 4th 5th 6th 7th 8th

Mother's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Previous Volleyball Experience (List none if non-applicable)

Club/Program Name \_\_\_\_\_ # of Seasons \_\_\_\_\_ Position \_\_\_\_\_

Other Experience/Camps \_\_\_\_\_

Medical Issues Allergies/Physical Concerns for Staff to Note: \_\_\_\_\_

Current or Recent Injuries \_\_\_\_\_

## Liability Waiver and Consent

*I am the parent or guardian of the player named in this clinic registration form. I recognize there are inherent risks involved in my child participating in this physical activity. In consideration of the services provided, I hereby release, hold harmless and indemnify Dacula High School, Dacula Middle School, the Gwinnett County Board of Education and Dacula Junior Falcons, its directors, board members, coaches and volunteers from any and all liability for injuries, including those resulting in death, and illnesses incurred as a result of having attended this clinic. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event of an emergency requiring medical attention, my daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in camp and that I shall pay for the services rendered.*

*The undersigned has read and understands the above liability waiver and consent and has provided accurate and truthful information on this tryout registration form.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please email your completed form to [daculajuniorvolleyball@gmail.com](mailto:daculajuniorvolleyball@gmail.com) or bring on the 1st day of the clinic.