

For Official Use Only Tryout #

## **Dacula Junior Falcons Girls Volleyball**

Player Name	Date of Birth
Address	City
Zip Cell Phone	Home Phone
(Players must attend or going to atten	d Dacula Middle School in the fall)
Grade Level as of the start of the upcoming fall school	year: circle one: 5th 6th 7th
Mother's Name:Email	
Father's Name:Email	Cell
Previous Volleyball Experience (List none if non-applic	cable)
Club Name	# of Seasons Position
Other Experience/Camps	
Medical Issues Allergies/Physical Concerns for Staff to	o Note
Current or Recent Injuries	
Liability Waiver and Consent	
involved in my child participating in this physical activity harmless and indemnify Dacula High School, Dacula M. Junior Falcons, its directors, board members, coaches a resulting in death, and illnesses incurred as a result of the health and is able to participate in all program activities.	ty. In consideration form. I recognize there are inherent risks ty. In consideration of the services provided, I hereby release, hold iddle School, the Gwinnett County Board of Education and Dacula and volunteers from any and all liability for injuries, including those having attended these tryouts. I certify that my child is in good es. Furthermore, in the event of an emergency requiring medical vered by accident insurance that will cover injuries sustained while es rendered.
The undersigned has read and understands the above linformation on this tryout registration form.	iability waiver and consent and has provided accurate and truthful
Signature of Parent/Guardian	Date

Please email your completed form to  $\underline{daculajuniorvolleyball@gmail.com}$  or bring on the 1st day of trouts