



## PLAYER INFORMATION

Athlete Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Player's Cell#: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Previous Club/Team: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ H.S. Graduating Year: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Cell Phone #: \_\_\_\_\_

Parents Email: \_\_\_\_\_ Players Email: \_\_\_\_\_

PLEASE CIRCLE ATHLETES SIZES (1 Blue, 1 black, 1 coral Jersey)

JERSEY #: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

SHORTS (BLUE) S M L XL XXL

PRACTICE T-SHIRT: S M L XL XXL

WARMUP TOP: S M L XL

### MEDICAL/LIABILITY RELEASE FORM

I (We) \_\_\_\_\_ the legal guardian of \_\_\_\_\_ authorize Tormenta Volleyball Club (TVC), Inc. and all those associated with Tormenta Volleyball Club Inc. to administer general first aid treatment for any injury sustained is life threatening, or in need of emergency treatment. I authorize Tormenta Volleyball Club, Inc. or its representatives to summon any or all-professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of an injury. By signing this medical release and liability form, I understand that I will not hold Tormenta Volleyball Club, Inc. or its representatives responsible for any injury sustained to my child or for any other reason while my son is participating in tryouts or regular season play.

Parent/guardian signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_