



2010-2011 Training Program/ Waiver Release Form

Magic Volleyball Club

P.O. BOX 2281 Round Rock, TX 78680

EMAIL: Madeline@magicsports.org Phone: 512-423-2764

Player's First Name: _____ Last Name _____ Age _____

Street Address: _____

City: _____ Zip: _____

Date of Birth : _____ (month/day/year) Height: _____

Parent/Guardian Name _____ Home Phone _____

Parent Work Phone _____ Parent's Email _____

School Attending: _____ Grade: _____

Volleyball Experience (Years Played / Previous Clubs): _____

How did you hear about us? (Circle all that apply)

Friend Website Flyer Other: _____

Insurance Company: _____ Policy Number: _____

Please bring a copy of your insurance card.

In case of Emergency, Contact: _____ Phone: _____

Participant agrees to hold Magic Volleyball, coaches, and staff harmless from all injuries to persons occurring as a result of or in any way connected with your presence at Magic Volleyball tryouts or on the premises used by Magic Volleyball for these events. Parent also authorizes Magic Volleyball and its staff to act on Parent's behalf according to the best of their knowledge in any emergency situation requiring medical attention.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____