



**2011-2012 Tryout / Waiver Release Form**

**Print, Fill out, and Bring to tryout with \$35 Tryout Fee on day of tryout (Non-Refundable)  
Or \$25 Tryout Fee if Mailed: (Must be received at least 48 hours in advance of tryout)**

**Magic Volleyball Club**

**P.O. BOX 2281 Round Rock, TX 78680**

**EMAIL: [Madeline@magicsports.org](mailto: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: \_\_\_\_\_

Position Trying Out For:

Outside Hitter      Rightside      Middle Blocker      Setter      Defensive Specialist

Volleyball Experience (Years Played / Previous Clubs): \_\_\_\_\_

Age Trying Out For, circle one: 13's    14's    15's    16's

Age Definition: **What will be your age on Sept. 1, 2012? This is the age group that you will be trying out for.**

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 to the tryout.**

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: \_\_\_\_\_