

NEW BOSTON VOLLEYBALL CLUB

2010 Tryout Only Registration Form

March 7th, 2010

Cost: \$20 (non-refundable)

Name: _____

Street: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Age: _____ Birth date: _____

HS Graduate Year: _____ School: _____ Grade: _____

Email (required): _____

Note: Your age on September 1st, 2010 is your tryout age group.

I hereby authorize the staff of the New Boston Volleyball Club to act on my behalf according to their best judgment in any emergency requiring medical attention if I can not be reached. I further waive and release the New Boston VBC and its staff from any and all liability for the injuries or illness incurred while involved in the program. I have no knowledge of any physical impairment that would keep the above mentioned athlete from full participation in this program.

Parent or Guardian's Signature: _____ Date: _____

Please send this form and \$20 check to:

NBVBC
24164 Grand Traverse Ave.
Brownstown, MI 48134

Please make all checks payable to NBVBC

Registration is still available *the day of tryouts* by bringing this form and the \$20 tryout fee.