

LEGACY VOLLEYBALL

Information/Waiver Form

PLAYER INFORMATION:

PLAYERS NAME _____

GRADE _____ AGE _____ BIRTHDAY ____/____/____

SCHOOL _____

PRIMARY POSITION _____ SECONDARY POSITION _____

TRYING OUT FOR: 16u Team / 14u Team / 13u Team (circle one)

PARENT INFORMATION:

PARENT NAME _____

PHONE NUMBER _____

EMAIL _____

PARENT NAME _____

PHONE NUMBER _____

EMAIL _____

I, _____, hereby certify that my child,
_____, is in sound physical condition and is able to
participate in the Legacy Volleyball tryouts. I shall assume full financial
responsibility if he is injured—requiring treatment above and beyond the care
provided by Legacy Volleyball. I shall not expect, nor request, any financial
aid from Legacy or any agency representing Legacy Volleyball.

Parent/Guardian Signature

_____ Date ____/____/____

**Players are required to bring this information/waiver form to the tryouts*

“Players of Today with Dreams of Tomorrow”