

OFFICE USE ONLY

TO# _____

Payment: Y / N Ck# _____

Age Verif: _____

Rec: _____



2025 Tryout Waiver & Registration Form

Athlete Information

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

Street Address: _____ Home Phone: () _____

City: _____ Zip: _____ Cell Phone: () _____

Player Position(s): Outside _____ Middle _____ Setter _____ Opposite _____ Def. Spec _____

School Name: _____ Grade: _____ Birth Date: _____

Participation Date(s) (circle one): SATURDAY/SUNDAY

Team Trying Out For (circle one): 18 17 16 15 14 13 12

T-Shirt Size: S M L XL

Participation: (circle one): Elite/ Power League Player

Parent Information

Parent's Last Name: _____ Parent's First Name: _____

Parent's Email: _____

I have provided the above information understanding it will not be published outside of Core Volleyball Club without my express written consent. Also all the information provided above is accurate and true to the best of my knowledge.

In consideration for being permitted by Core Volleyball Club (CVC)/Core Performance LLC to participate in the above tryouts, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I or my child (if participating) may have, of which hereafter accrue to me, or my child, against CVC as a result of my or my child's participation in the activity. This release is intended to discharge Core Volleyball Club and Core Performance, LLC, its officers, Board of Directors, volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY CORE VOLLEYBALL CLUB AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Name_____
Parent/Guardian Signature_____
Date:

Core Volleyball Club
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Cordova CA
(925) 925-878-54700

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