

TEXSTAR Volleyball 2011

TRYOUT INFORMATION

Tryout Number: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Age Now: _____ Date Of Birth: _____

School: _____ Coach: _____

Parents Name: _____

Parent Ph: _____ Cell: _____

Email: _____

Additional Sports Played: _____

WAIVER AND PROOF OF INSURANCE

I hereby authorize the TEXSTAR Volleyball Inc. staff, to act for me, according to their best judgement, in any emergency requiring medical attention, and hereby waive and release TEXSTAR Volleyball Inc. and Weimar Independent School District from any and all liability for any injuries or illnesses incurred while at tryouts. I have no knowledge of any medical problem or physical impairment that would affect the above named participant to safely participate in tryouts. I certify that the above named participant is covered by a medical insurance policy in case of illness or injury.

I acknowledge that I have read and understand the waiver policies.

Signed: _____

Relationship: _____

Date: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

TEXSTAR Use Only

payment: cash / check check number _____ Staff member: _____

HEIGHT: _____ SR: _____ BT: _____ AT: _____