

COLORADO MOMENTUM VOLLEYBALL CLUB

Number

First Name _____ MI _____ Last Name _____

Date of Birth _____
Grade _____

Primary Position ___ Setter ___ Outside ___ Middle ___ Libero	Secondary Position ___ Setter ___ Outside ___ Middle ___ Libero
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School Team _____ Previous Club Team _____

Parent Name _____ Email _____ Mobile # _____ Home # _____ Address _____	Parent Name _____ Email _____ Mobile# _____ Home# _____ Address _____ (If Different)
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Waiver

As parent/guardian of the above named child I do hereby give my approval to their participation in the Colorado Momentum Volleyball Club tryouts. I assume all risks and hazards incidental to such participation, including transportation to and from the tryout, and hereby hold the volleyball club, facility owners, coaches and participants harmless from any and all liability, actions, causes of action, debts claims of demand of every kind of nature which may arise from such participation. I understand that participation in the sport of volleyball can be dangerous and result in serious injury and that if any emergency should arise I give you full permission and authority to take steps that are necessary in your judgement to protect and assist my child and agree to be responsible for hospital expenses including transportation, doctor bills and other expenses that may be incurred to assist and protect the child.

_____ Date _____
Signature

Checklist

- CMV Form
- RMR Registration
- Birth Certificate
- Insurance Card
- Medical Release
- Payment _____

Call Back <input type="checkbox"/> No <input type="checkbox"/> Yes	Offered <input type="checkbox"/> No <input type="checkbox"/> Yes	Accepted Position <input type="checkbox"/> No <input type="checkbox"/> Yes

