



Tropical Touch VBC • Boys Tryout Registration Form

Sat, Aug 8, 9:30a - 12p Campbell Community Center

Sun, Aug 9, 8:45a - 10:45a Bascom Community Center

- Boys 12s & 14s - 17s
- Please arrive 15 minutes prior to start time

PLEASE PRINT

NCVA Membership number

Player Info _____

First name

Last name

Age

Date of birth

Parent/guardian name

Address, City, ZIP Code

Email address (for club communications)

Cell number

Emergency contact (if different than above)

Cell number (if different than above)

FEE (Non-refundable): \$40 (\$10 extra for 2nd day)

Make check payable to: **Tropical Touch Volleyball Club**

(Zelle 408.455.6276, cashier's check, and cash also accepted)

I hereby authorize the Tropical Touch Volleyball Club staff to act on my behalf according to their best judgment in any emergency requiring my child to receive medical attention. I hereby waive and release Tropical Touch Volleyball staff, Campbell Community Center staff, Directors, and Volunteers from all liability for any injuries sustained by my child while participating in the Tropical Touch Volleyball clinic. Furthermore, I have no knowledge of physical impairment in my child, which would be affected by participation in the Tropical Touch Volleyball clinics.

Parent/guardian signature

Today's date

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Updated: Mon, Mar 16, 2026