



# Tropical Touch VBC • Registration Form

## August 2026 • **Girls & Boys Indoor Clinic**

Campbell (CCC) & Bascom Community Center (BCC) • All ages  
(check web site for latest schedule) • Walk-ins welcome  
• Please arrive 15 minutes prior to start time

**15 days for August:** Tues 4,11,18,25 (CCC 5:45-8:15p); Thurs 6,20,27 (CCC 5:45-8:15p); Sat 1,15,22,29 (CCC 9-12p); Sun 2,23 (BCC 9-11a) 16,30 (CCC 9-12p)

### PLEASE PRINT

#### 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):

**\$45/day for club members (\$605 for all 15 days – Save \$70)**

**\$55/day for non-members (\$745 for all 15 days – Save \$80)**

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

Lila Plunkett • 408.455.6276 • tropicaltouchyvbc@gmail.com

