A white volleyball in a black circle

AI-generated content may be incorrect.

**Indoor VB Clinic Registration Form**

*You must arrive 10 minutes before the start time*

**Date: Tuesdays: August 19th & 26th – 5:00 PM – 7:00 PM**

**Date: Thursdays: August 21st & 28th – 5:00 PM – 7:00 PM**

**Date: Saturdays: August 16th, 23rd, & 30th – 9:00 AM – 12:00 PM**

**Location: Main gym CC Ages 9-17 [WALK-INS OK]**

**PLEASE PRINT:**

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Player’s First Name Player’s Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name or Guardian Player’s Date of Birth Player’s Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address – required for all club communications Cell Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact in case of Emergency Cell Number

Fee (*Non-Refundable*) Cost: TTVBC Membership **$420.00 / $60.00** per day

***Non***-Membership **$500.00 / $71** per day

Make Check Payable to: Tropical Touch Volleyball Club

Accepted Payments: Zelle, Check, Cashier's Check, Cash

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.

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**Signature of Parent or Guardian Date**

**Contact: Lila Plunkett at (408) 455-6276 or email: tropicaltouchyvbc@gmail.co**