



## 2024 TRY OUT REGISTRATION

### TRY OUT REGISTRATION SHEET

First Name		Last Name	
Address		City	
Postal Code			
Phone #	Birth Date	Month	Date Year
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Neutral
Parent Name / Legal Guardian Name		Cell PH:	e-mail:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address (IF DIFFERENT THEN ABOVE)			

PREVIOUS CLUB TEAM: \_\_\_\_\_

PLEASE "X" OFF THE AGE CLASS YOU ARE REGISTERING FOR

☐ **15U**

☐ **16U**

☐ **17U**

TRY OUT REGISTRATION FEES ARE \$20

PAYMENTS TO BE MADE BY CASH OR E-TRANSFER ([wildvolleyballmb@gmail.com](mailto:wildvolleyballmb@gmail.com))

I hereby grant to the Wild Volleyball Club the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of me, taken during the 2022/2023 volleyball season for use in connection with the activities of the Wild VB Club or for promoting, publicizing or explaining the Club or its activities.

This grant includes, without limitation, the right to publish such images on Wild Volleyball Club website, Social Media Platforms and PR/promotional materials, such as marketing admissions publications, advertisements, fund-raising materials, and any other club publication.

These images may appear in any of the wide variety of formats and media now available to the Program and that may be available in the future, including but not limited to print, broadcast, and electronic/online media.

SIGNED : \_\_\_\_\_