

WAKULLA VOLLEYBALL CLUB REGISTRATION

Name _____ Grade _____ Age _____

Address _____ DOB: _____

AAU # _____

Father's Name: _____ Mother's Name: _____

Father's Phone: _____ Mother's Phone: _____

Father's Email: _____ Mother's Email: _____

Player's phone (if 15u or older): _____ Email: _____

Player's age on June 30 (next year) _____ Team age trying out for: _____

Team Type: Local (\$800) _____ Travel (\$1750) _____

SIZES: T-shirt _____ Hoodie _____ Spandex _____ Jersey _____

Top three jersey #'s _____, _____, _____

Any additional info: _____

Accidents, injuries and death can occur in the sport of volleyball. The above player is covered by insurance, and/or I will be responsible for any financial obligations incurred through any injury. I will not hold the school, Wakulla Aces, or the AAU responsible. The above player is able to fully participate in volleyball.

Parent/Guardian Signature: _____ **Date** _____