

# 2016-17 HS Tryout Registration Form



Player Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_

Player Cell (for coach use only) \_\_\_\_\_ Text? Yes No

Parent Email Address \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Uniform Jersey Size: S _____ M _____ L _____ XL _____
Preferred Uniform Number: 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____

Position (circle all that apply):

Setter      Left side hitter      Right side hitter      Middle hitter      Libero/DS

Playing Experience:      Jr. High      High School      Club \_\_\_\_\_

Try Out Date (please circle one):      November 13      November 15

**\*\*\*All players must turn in this completed form along with the \$20 non-refundable fee to the DISC before tryouts. Please drop off or mail to the address below by FRIDAY, NOVEMBER 11TH.\*\*\***

Decatur Indoor Sports Center  
Attn: Danita Roseman  
1295 W. Wood  
Decatur, IL 62522

(VSI 351847 – 36)



***You must have the waiver on the other side completed in order to tryout!***

## ILLINI UNITED CLUB VOLLEYBALL PROGRAM WAIVER & RELEASE

## IMPORTANT INFORMATION

The Decatur Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Decatur Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Volleyball is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, back/neck injury, and bone and joint injury. Understandably, not all hazards and dangers can be foreseen. Certain risks include, but are not limited to, being struck by the ball, slip and falls, running into stationary objects and court fixtures such as support posts and guide wires, poor technique, becoming entangled in the net, collisions with other players, uncontrolled pursuit of the ball, uncontrolled jump by a blocker or spiker, improper techniques for landing on the court surface, fatigue, moisture from sweat on the floor, surface defects and irregularities, unsafe equipment such as nets with bolts protruding from supports or exposed footings, carelessness, poor conditioning, overexertion, poor sportsmanship, inadequate supervision or officiating, horseplay and all other risks inherent to volleyball. In this regard, it must be recognized that it is impossible for the Decatur Park District to guarantee absolute safety.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Decatur Park District including its officials, agents, volunteers and employees.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Participant's Name (please print) \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is under 18)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Cell Phone # \_\_\_\_\_ Home # \_\_\_\_\_

**PHOTO:** I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

**NOTE:** The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.