



ALLEGRO VOLLEYBALL CLUB
2010 LOCAL/ADVANCED APPLICATION
 Submit application with \$50 Fee
SUMMER LOCAL

PERSONAL & VOLLEYBALL INFORMATION

Last Name		First Name		Home Phone		Date of Birth	
						YYYY-MM-DD	
Address			City		State		Zip
Email				Height		Weight	
						L/R hand	

SCHOOL AND ACADEMIC INFORMATION

Grade		School		City, State		Class Rank		GPA	
						1 / 100			
Desired Major(s) in College:			1st Preferred College Location		2nd Preferred College Location			Preferred College Div	
Example: Biology			Example: Northeast		Example: West Coast			D1,D2,D3,JC	

PARENTS INFORMATION

Mothers Last Name		First Name		Work Phone		Ext	
Email						Cell Phone	
Fathers Last Name		First Name		Work Phone		Ext	
Email						Cell Phone	
Address (if Different)			City		State		Zip

SCHOOL VOLLEYBALL TEAM INFORMATION

Grade (s)	School		City, State		Coach		Position Played	

CLUB VOLLEYBALL TEAM INFORMATION

Year	Age Group	Club Name		Team		Coach		Position Played	

POSITION AND TEAMS Check position(s) choice of program (#) indicates number of teams

Position	1 st Choice	2 nd Choice*	3 rd Choice*
<input type="checkbox"/> Any	<input type="checkbox"/> Tue & Thu 400p-530p Local	<input type="checkbox"/> Tue & Thu 400p-530p Local	<input type="checkbox"/> Tue & Thu 400p-530p Local
<input type="checkbox"/> Outside	<input type="checkbox"/> Tue & Thu 600p-730p Local	<input type="checkbox"/> Tue & Thu 600p-730p Local	<input type="checkbox"/> Tue & Thu 600p-730p Local
<input type="checkbox"/> Middle	<input type="checkbox"/> Tue & Thu 530p-730p Adv Local	<input type="checkbox"/> Tue & Thu 530p-730p Adv Local	<input type="checkbox"/> Tue & Thu 530p-730p Adv Local
<input type="checkbox"/> Opposite	<input type="checkbox"/> Tue & Thu 730p-930p Adv Local	<input type="checkbox"/> Tue & Thu 730p-930p Adv Local	<input type="checkbox"/> Tue & Thu 730p-930p Adv Local
<input type="checkbox"/> Libero			
<input type="checkbox"/> Setter			

*Please indicate 2nd and 3rd choice team if possible for best opportunity for placement. Leave blank if no other time slot is possible

LIABILITY WAIVER AND AGREEMENT (To Be Completed by Parent or Guardian)

1. In consideration of being allowed to participate in any PowerZone event the undersigned acknowledges, appreciates and agrees that: The risk of injury from the activity involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and 3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PowerZone Volleyball, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. 4. I agree to allow PowerZone Volleyball Inc. to use a photo (or photos) of myself at PowerZone activities in marketing materials made public via our print publications and our web site. I understand that any use of photos will be anonymous. I understand that these photos may be used in publications after my membership expires. 5. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights and agree freely and voluntarily without any inducement.

Parent or Guardian Name / Parent or Guardian Signature / Date