

www.TopFlightVolleyball.com

TRYOUTS

CLUB USE ONLY

Tryouts:

This is the first time in many years that our tryouts will be closed to parents. This will minimize the total count of people in the building at one time and ensure all in attendance are safe. Prior to entry in the building, each player will need to pass a temperature check. If you do not pass a temperature check at our first tryout you can come to the August 2 tryout, but you must pass the temperature check in order to participate in any tryout. During tryouts, volleyballs will be periodically sprayed or wiped down with Lysol. Due to the number of participants attending tryouts, some of the age groups will be divided to ensure each participant has the opportunity to demonstrate their skill level.

Contracts:

Contracts will be on site and will need to be filled out and turned in along with the deposit once your child has been offered a spot on one of our teams. If you need assistance or have questions about the contracts please get with a TFV Representative. TFV will offer teams starting at the age of 10 and will go up to the age of 17. TFV has different levels of teams, Local (\$1100.00), Regional (\$2150.00), Semi-National (\$2950.00), and National (\$3600.00).

Waivers:

Due to the pandemic, each participant will need to fill out a TFV Waiver, COVID-19 waiver, and STAC Athletics Waiver. **All waivers must be filled out, signed, and turned in, prior to participation in tryouts.**

Tryout Date/Time

July 26, 2020 August 2, 2020

Age	Time
12U	11:30am-12:30pm
13	12:45pm-1:45pm
14	2:00pm-3:00pm
15	3:15pm-4:15pm
16	4:30pm-5:30pm
17	5:45pm-6:45pm

Ages are set as of September 1, 2021.

Where: STAC Athletics, 5 Brent BLVD Kyle TX 78640.

Tryout Fee: \$50. Post marked on or before July 22. Participants may also register on site. **Walk-in Fee \$60**

Check payable to:
TopFlight Volleyball

Mail in registration form to:
TopFlight Volleyball, PO Box 367,
Buda TX 78610.

Check-In/Registration begins 30min prior to try-out start time. This will allow staff on site to properly administer temperature checks. Please bring a water bottle, knee pads and comfortable shoes for tryouts.

Player Waiver

Name: _____

Age: _____ D.O.B. _____

Email: _____

Cell#: _____

PLEASE CIRCLE TRYOUT DATE:

JULY 26 AUGUST 2

By signing below, I (please print) _____

_____ give permission for my child

(please print) _____ a minor to participate in the TopFlight Volleyball tryout (TopFlight Volleyball will be recognized as TFV in the rest of this document). I recognize these activities will involve strenuous activity and certify that the Participant is fit to engage in an activity of this sort. I recognize the risks that are inherent in the activities proposed for this activity. In case of an emergency involving the Participant, I understand that the TFV staff will make all reasonable attempts to contact me at the supplied telephone numbers on this document. If the TFV staff is unable to contact me, I hereby authorize the TFV staff, or physician selected by TFV, to hospitalize and/or secure proper treatment for the participant. I, therefore give my approval for the Participant's participation in all activities at the TFV try-out and assume all risks and hazards incidental to such participation and do, for myself, my heirs, executors and administrators, waive, release, indemnify, and forever agree to hold harmless the TFV volleyball club, it's staff & STAC Athletics its staff, officers, agents, representatives, sponsors, advertisers, coaches, teams, volunteers, employees, heirs, successors, and assigns of and from any and all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in TFV activities, whether said damages, injury or loss is due to negligence or not.

Parent signature _____

Date: _____

Tryout fee \$50: Cash ___ Check ___ On-line ___

Check/Money Order # _____

For more information please call Charlie at 512-413-3283/Flor at 512-587-7091, or email us at txfightvolleyball@gmail.com When your child is offered a spot on one of our teams, a **non-refundable deposit is required at that time** to hold her position for the team she is offered (Local \$150, Regional \$300, National teams \$400).

Mail in or Walk-in this portion.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of (Kyle Juniors Club Volleyball, DBA: Texas TopFlight Volleyball) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____