



AVALANCHE VOLLEYBALL CLUB, LLC **COMPETITIVE TEAMS**

Club volleyball provides you the opportunity to compete against teams around the state, develop fundamental skills, learn to compete with a team, and have a lot of fun!

Team Levels:

U12- 6th Grade and lower

U14- 8th Grade and lower

U16- 10th Grade and lower

U18- 12th Grade and lower

Teams practice twice per week and compete in tournaments on most weekends. The cost is approximately \$480 and covers uniforms, gym rentals, tournaments, coach's fees, equipment, etc..

TRYOUT INFORMATION:

When: SUNDAY, February 9th, 2020

Times: U16's & U18's: 9:00am-11:00am

U12's & U14's: 12:00am-2:00pm

Where: Elder Grove School

*****Each participant will need to show proof of AAU membership.** Please register at aausports.org prior to the tryout. *****Prior to the tryout please return the tryout registration form to Natalie Bills at 3274 Granger Ave. #I-3 Billings, MT 59102. Check-in will begin 45 minutes before the tryout begins. ***For more information email avalanche.vbc@gmail.com or visit avalanchevbc.com**

AVALANCHE COMPETITIVE TEAM TRYOUT REGISTRATION FORM- 2020

Player Name _____ School _____ Grade _____

Address _____ Phone # _____

Parent/Guardian Name _____

Waiver and Release of Liability Form Avalanche Volleyball Club

I _____, will be a participant at the Avalanche VBC Tryout. I hereby waive all claims for injury or accident of any kind against Trinity Lutheran Schools, Billings Public Schools, Elder Grove School, Avalanche Volleyball Club, LLC, or any of the coaches, all employees, sponsors, or members of the team participating in these sessions. I am aware that the athlete is covered by their own family insurance. I am also aware that the athlete is in good physical shape. If the athlete does have an underlying medical problem or recent injuries, I will check in with the coaches and notify them of my circumstances prior to any participation. In the event that she is injured while under the care of Avalanche Volleyball Club, LLC and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. All participants under the age of 18 years old must have a guardian's signature.

Parent Signature _____ Date _____

Emergency Contact _____ Phone # _____