



## **AVALANCHE VOLLEYBALL CLUB**

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-** 6<sup>th</sup> Grade and lower

**U14-** 8<sup>th</sup> Grade and lower

**U16-** 10<sup>th</sup> Grade and lower

**U18-** 12<sup>th</sup> Grade and lower

Teams practice twice per week and compete in tournaments on most weekends. The cost is approximately \$400 and covers uniforms, gym rentals, tournaments, coach's fees, equipment, etc. The club season lasts through mid-May.

### **TRYOUT INFORMATION:**

**When: SATURDAY, February 16th, 2019**

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

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

**Where: ELDER GROVE SCHOOL**

\*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. Please be ready to play 20 minutes before the tryout begins.

\*For more information email [avalanche.vbc@gmail.com](mailto:avalanche.vbc@gmail.com) or visit [avalanchevbc.com](http://avalanchevbc.com)

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### **AVALANCHE VBC TRYOUT REGISTRATION FORM- 2019**

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, 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 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 # \_\_\_\_\_