



Top Notch VBC  
Tryout Waiver Form

I, \_\_\_\_\_ hereby release all responsibility and liability of injury to my daughter, \_\_\_\_\_ from Bradfordton Athletic Center and Top Notch Volleyball Club or any affiliated coaches whom are conducting any tryout for Top Notch Volleyball at Bradfordton Athletic Center.

\_\_\_\_\_  
Athletes Name

\_\_\_\_\_  
Parent/Guardians Name

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date Signed