



"Making the Best Better"

www.elitevbt.com

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Tryout Profile

Please mail this form and a check for \$20 made payable to Integrity 10 days before your athlete's tryout date. Late registration or day of is \$25.00. This will help us with organization and time management during your daughter's tryout.

Trying Out for: (Check all that applies to your athlete):

[ ] Girl's Club Team [ ] Boy's Club Team

Athlete's name:
Parent's name:

Address: City: Zip

Phone: (Home) (Cell)

E-mail:

School:

Grade: D.O.B.

Age group tryout U10 U11 U12 U13 U14 U15 U16 U17 U18
Please circle the age group you would like to try out for

Position: (played last club season)
Position: (played in school)
School team: (MS, Fresh, JV, Varsity)
Height:

WAIVER: The coaches and instructors of the Integrity Athletics program are safety conscious and follow safety procedures as prescribed by USA Gymnastics. I (parent/guardian) understand that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, martial arts, strength and conditioning, and volleyball. I am intending to be legally bound, waive and release Integrity Athletics, its officers, directors, shareholders, employees, contractors and volunteers of any and all responsibility for any injury or illness. In the event of an injury, every effort will be made to contact parents or guardians. If necessary, I authorize the staff of Integrity Athletics, its partners and affiliates to administer any minor first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics, tumbling, trampoline, dance, cheerleading, martial arts, strength and conditioning and volleyball. This agreement extends to my heirs or executors who may act on my behalf. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Integrity publicity or advertising.

Signature: Date:

Parent or Legal Guardian Signature & Date
PARENT CONSENT AND WAIVER OF RESPONSIBILITY

