



CLUB DAKINE

2019-2020 CLUB SEASON

GIRLS VOLLEYBALL TRY-OUTS

18's & 17's & 16's and under Divisions (10th – 12th graders)

Try-out 1: AUGUST 5, 2019 (Mon.) Try-out 2: AUGUST 6, 2019 (Tuesday)

Commitment Day: AUGUST 6, 2019 (Tuesday)

Times: 6:00 p.m.-8:00 p.m. (Come Early!) Registration Opens 5:45 p.m.
(PLEASE BE ON TIME!)

****All Info & Cost will be given out at our brief meeting at the end of try-outs****

PARTICIPATING IN:

- ❖ *Major 3-Day Tournaments*
- ❖ *Jr. National Qualifiers 3-Day Tournaments*
- ❖ *Southern California Tournaments*

Gym Site: Dula Gym - 441 E. Bonanza Rd., Las Vegas, NV 89101 (All practices are Mon & Wed 3:45-5:45 pm)

From Summerlin-Take 95 South to Las Vegas Blvd turn left. Left on Bonanza- Take first left into complex-Muni Pool, Dula Gym, LV Senior Center. Gym on Corner of Bonanza & Las Vegas Blvd.

From Green Valley-Take 95 North to Las Vegas Blvd. turn right. Left on Bonanza, Take first left into complex-Muni Pool, Dula Gym, LV Senior Center. Gym on Corner of Bonanza & Las Vegas Blvd.

****Contact Coach Joe** (702) 217-1422 (Text/Leave message)**lasvegaswahine@yahoo.com****

*****Please fill out form and bring to Try-outs *****

Medical/Liability Release Form August 5 & 6, 2019

I, _____, Legal Guardian of _____, authorize Club DaKine and those associated with the club to administer general first aid treatment for any minor injuries received to my child at tryouts. If the injury sustained is life threatening or in need of emergency treatment, I authorize Club DaKine or it's representatives to summons any or all professional emergency personnel to attend, transport, and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Club DaKine & Dula Gym City of Las Vegas Department of Leisure Services, or its representatives as a result of any injury sustained to my child for any other reason during tryouts.

In case of an emergency, Contact: _____ Phone: _____

Signature Parent/Guardian: _____ Date: _____

NO TRY-OUT FEE

(Waiver to be given at the time of try-outs)