



## **POWER VOLLEYBALL PLAYER PACKET**

**(PRINT ENTIRE PACKET AND BRING  
EVERYTHING LISTED BELOW TO TRYOUTS)**

	<b>TWO (2) MEDICAL RELEASE FORMS</b>
	<b>CONCUSSION FORM SIGNATURE PAGE</b>
	<b>SAFESPORT FORM SIGNATURE PAGE</b>
	<b>PLAYER INFORMATION FORM</b>
	<b>POLICY ACKNOWLEDGEMENT FORM</b>
	<b>COPY OF BIRTH CERTIFICATE</b>
	<b>PROOF OF USAV MEMBERSHIP</b>
	<b>COMMITMENT FEE</b>



# POLICY ACKNOWLEDGEMENT

PLEASE INITIAL EACH ITEM BELOW AND SIGN AND DATE AT THE BOTTOM. BY DOING SO, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL THE POLICIES STATED IN THE POWER VOLLEYBALL HANDBOOK.

	PARENT'S INITIALS	PLAYER INITIALS	DOCUMENT DESCRIPTION
1.			POWER VOLLEYBALL SEASON COMMITMENT FORM
2.			POWER VOLLEYBALL FINANCIAL OBLIGATION AGREEMENT *
3.			POWER VOLLEYBALL PLAYER/PARENT LIABILITY RELEASE WAIVER
4.			POWER VOLLEYBALL CONFLICT RESOLUTION AGREEMENT
5.			USAV PARENT CODE OF CONDUCT
6.			POWER VOLLEYBALL PLAYER CODE OF CONDUCT
7.			POWER VOLLEYBALL ELECTRONIC COMMUNICATION AGREEMENT
8.			POWER VOLLEYBALL TRAVEL POLICY AGREEMENT

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES STATED IN THE POWER VOLLEYBALL HANDBOOK FORTHWITH. I ALSO ACKNOWLEDGE THAT I/WE ARE COMMITTING TO PARTICIPATING WITH POWER VOLLEYBALL FOR THE \_\_\_\_\_ SEASON, AND UNDERSTAND THE RESPONSIBILITIES, FINANCIAL OR OTHERWISE, THAT ARE ASSOCIATED WITH PARTICIPATION AND AGREE TO FULFILL OUR OBLIGATIONS FOR THE ENTIRE SEASON.

\_\_\_\_\_  
PARENT (PRINT NAME)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT (PRINT NAME)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PLAYER (PRINT NAME)

\_\_\_\_\_  
PLAYER SIGNATURE

\_\_\_\_\_  
DATE

***\*DO NOT SIGN*** THIS FORM IF YOU DO NOT AGREE OR BEFORE ALL YOUR QUESTIONS ARE ANSWERED.



# Player Information Form

Please have you or your player fill out the form below and bring to Tryouts. This information will be shared ONLY with the Coaches, Club Director or other adult personnel as it pertains to the club itself. At no time will your information be shared with other players or outside parties without parent and player consent.

FIRST NAME:	LAST NAME:
NICKNAME:	BIRTHDAY (MM/DD/YYYY):
CURRENT AGE:	HEIGHT (FEET & INCHES): <small>*REQUIRED FOR AAU MEMBERSHIP &amp; TOURNAMENTS*</small>
PLAYER EMAIL:	PLAYER CELL:
NUMBER OF YEARS YOU'VE PLAYED VOLLEYBALL:	NUMBER OF YEARS YOU'VE PLAYED CLUB <small>*NOT INCLUDING THE UPCOMING SEASON*</small>
CIRCLE POSITION(S) PLAYED IN THE PAST: SETTER      OUTSIDE HITTER      MIDDLE  LIBERO      DEFENSIVE SP.      RIGHT SIDE	CIRCLE POSITION(S) YOU WANT TO TRY OUT FOR: SETTER      OUTSIDE HITTER      MIDDLE  LIBERO      DEFENSIVE SP.      RIGHT SIDE
PARENT / GUARDIAN INFO #1	PARENT / GUARDIAN #2 INFO
NAME:	NAME:
RELATIONSHIP TO PLAYER:	RELATIONSHIP TO PLAYER:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:

EMAIL:	EMAIL:
EMERGENCY #1 (IF PARENT/GUARDIAN CAN'T BE REACHED)	EMERGENCY #2 (IF PARENT/GUARDIAN CAN'T BE REACHED)
NAME:	NAME:
RELATIONSHIP TO PLAYER:	RELATIONSHIP TO PLAYER:
EASIEST CONTACT PHONE NUMBER:	EASIEST CONTACT PHONE NUMBER:
MEDICAL CONDITIONS / ALLERGIES OF PLAYER:	MEDICATIONS CURRENTLY OR REGULARLY TAKEN BY PLAYER:
COMMENTS:	



Print this page, sign and submit to the Region



Arizona Region of USA Volleyball  
SafeSport Parent/Participant Form  
2018-2019 Season

The US Olympic Committee, USA Volleyball and the Arizona Region of USA Volleyball are committed to creating a safe and positive environment for its participants' physical, emotional and social development and ensuring it promotes an environment free from abuse and misconduct. As part of this program, the above have implemented policies intended to reduce, monitor and govern the areas where potential abuse and misconduct might occur.

The policies that are currently part of the SafeSport Program are defined on the Arizona Region of USA Volleyball SafeSport Program document and in the USAV SafeSport Handbook and Resource page of the USAV website <https://www.teamusa.org/usa-volleyball/about-us/safesport>. Those policies include:

- Bullying, Threats and Harassment
- Hazing
- Harassment, including Sexual Harassment
- Emotional Misconduct
- Physical Misconduct
- Sexual Misconduct

While other team members may often be the perpetrator of abuse and/or misconduct, it is a violation of these policies if a coach or other responsible adult knows or should have known of the abusive behavior but takes no action to intervene on the behalf of the targeted participant(s).

Parent education is one of the keys to keeping a program safe from abuse and misconduct. Parents can assist by helping to avoid situations in which misconduct can occur, by being aware of the signs and symptoms of abuse and by reporting suspected abuse. Parent Resources can be found at <https://www.teamusa.org/usa-volleyball/about-us/safesport/parents>

USA Volleyball and the Arizona Region have adopted the USOC's SafeSport training materials. These training materials which include a series of online training videos and other resources can be found on <https://www.teamusa.org/usa-volleyball/about-us/safesport>. Everyone is encouraged to take the SafeSport Training and Make the Commitment to Stop Abuse in Sport. The SafeSport Training course for credit as a coach/official/chaperone is registered through Webpoint under USAV Clinics > Coach Clinics and taken through the USAV Academy link in Webpoint.

Additional resources regarding SafeSport issues can be found on the USAV webpage <https://www.teamusa.org/usa-volleyball/about-us/safesport>

If your chosen club does not talk to you about SafeSport and let you know who their SafeSport Contact is for the club, ASK THEM for their SafeSport policies and the SafeSport Contact for the Club.

Depending on the type of issue, report all actual or perceived violations to your club's SafeSport contact, the Arizona Region SafeSport Contact, USA Volleyball SafeSport and/or local law enforcement.

My signature below indicates that I have read the Arizona Region SafeSport Program document and discussed it with my child who is applying for membership. I understand that this signed form (page 3 of this document) is required to complete my child's membership with the Arizona Region of USA Volleyball.

Print Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Arizona Region of USA Volleyball  
Mild Traumatic Brain Injury (MTBI) / Concussion  
2018-2019 Statement and Acknowledgement Form**



I, \_\_\_\_\_ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organization's staff (e.g., coaches or athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- \* My annual membership registration is not complete and I will not be put on a roster for participation in the Arizona Region of USA Volleyball until this signed form is on file with the Arizona Region office.
- \* My organization has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and to Players.
- \* I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEETS for Parents and for Players.

For more education on concussions I can go to: <http://www.cdc.gov/headsup/youthsports/index.html>  
 A free Online Training Course by the CDC can be found at <http://www.cdc.gov/headsup/youthsports/training/index.html>  
 A free 20 minute concussion education course can be taken at <https://nfhslearn.com/courses/61037>

**FURTHERMORE:**

- \* I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- \* There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- \* A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- \* A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- \* Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- \* If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- \* I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- \* I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional. An athletic trainer is not authorized to give clearance to return to play.
- \* Following a concussion the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document. (BOTH student athlete AND parent/legal guardian must sign below – please use black or blue ink only)

For identification purposes only please indicate the athlete's Date of Birth \_\_\_\_\_

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_

Male  Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Primary Contact: Parent or Guardian**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_ / \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion:  Yes  No  
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (regardless of age):

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

or

**I do not authorize** emergency medical/dental care for my daughter/son.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian



## USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_

Male  Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Primary Contact: Parent or Guardian**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_ / \_\_\_\_\_  
 Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:  
  
 Please list any medications currently being taken:  
  
 In the past 24 months, have you been tested, diagnosed and/or treated for a concussion:  Yes  No  
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:  
  
 Please list any allergies:  
  
 If None, please write None.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(regardless of age):

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

or  
 I **do not authorize** emergency medical/dental care for my daughter/son.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian