



Desert Valley Sports @ Red Mountain Fast Pass

Due on day of tryout:

Initials	Forms needed for tryouts
	Player Information Sheet
	Medical Release Form
	Concussion Form
	Safesport Form
	Copy of Birth Certificate (if never played club before)
	DVS Handbook Acknowledgement
	\$20 Tryout fee and \$300 Commitment Fee



DVS@ Red Mountain

Player Information Sheet

<u>Player's Name</u>		<u>Current School</u>	
<u>Age</u>	<u>DOB</u>		<u>Grade</u>
<u>Graduation Year</u>	<u>Adidas Shoe Size (gym shoe size)</u>		<u>T-Shirt Size (Cotton Shirts)</u>
			<div style="display: flex; justify-content: space-around;"> XS S M </div> <div style="display: flex; justify-content: space-around;"> L XL </div>
<u>Position(s) Check all that apply</u> <div style="display: flex; justify-content: space-between;"> <u>OH (Outside)</u> <u>MH (Middle Hitter)</u> <u>Setter</u> <u>OPP (Right Side)</u> </div> <div style="display: flex; justify-content: space-between;"> <u>DS</u> <u>Libero</u> </div>			
<u>Mother's Name</u>		<u>Best Contact Number</u>	
<u>Father's Name</u>		<u>Best Contact Number</u>	
<u>Home Address</u>			
<u>Email Address #1</u>		<u>Email Address #2</u>	
<u>Emergency Contact Info (Other than Yourself and Parents)</u>			
<u>Name</u>		<u>Contact Number</u>	

Office Use Only		Tryouts \$20 Commitment Fee \$300	
USAV Member	Medical Release	Check	Cash
Birth Certificate	Concussion Form	Fee Wavied	
Safesport Page 3		Staff INT	



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



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: _____



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 _____

HANDBOOK ACKNOWLEDGEMENT FORM

The Desert Valley Sports (DVS) handbook describes important information regarding athletes and family participation in club volleyball season.

Since the information, policies described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this handbook is not a volleyball team contract. I have review the handbook (either online or on paper), and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

ATHLETES NAME (printed): _____

ATHLETES SIGNATURE: _____

DATE: _____

LEGAL GUARDIANS NAME (printed)_____

LEGAL GUARDIANS SIGNATURE:_____

DATE:_____