

MVC Tryout Paperwork and Payment Checklist

ALL PLAYER MUST REGISTER FOR TRYOUTS HERE:

<https://momentum-volleyball.sportngin.com/register/form/096312833>

What to bring to Tryouts: **You must bring all of the required documents in order to try out.**

- **Paperwork:**

- 2022 USAV Concussion Form
- 2022 Safesport Form
- USAV Medical Release form
- If this is your first year playing club, bring a copy of your birth certificate

If you played club last year, bring a copy of your current USAV Player membership card

IF your player did not play club, please visit the AZ Region Website and obtain player membership prior to registering for tryouts

<https://www.azregionvolleyball.org/join>

- **Payments Required on Tryout Day:**

- All players will be required to pay a (\$25 CASH Only) non-refundable tryout fee. This covers facility use and fees for tryouts.
- If a player makes a roster, we will require a **\$550 Deposit Cash or Check** (Made out to Momentum Volleyball Club) Deposit immediately following tryouts. We will **not** be taking credit or debit card payments for deposits. This covers the complete custom uniform package and September dues)

- Visit MomentumVB.com for all season pricing, schedules, etc.



**Arizona Region of USA Volleyball
Mild Traumatic Brain Injury (MTBI) / Concussion
2022-2023 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 Arizona Region and USA Volleyball membership registration is not complete and I will not be put on a roster for participation until this signed form is on file with the Arizona Region office each season.
- * 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. The Fact Sheets can be found on the AZ Region website Handbook
- * 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?searchText=Concussion>

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 practice, match or tournament if I have received a blow to the head or body that results in concussion related symptoms 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.
- * In the Arizona Region, I may not return to practice or play during the same event (practice, match, tournament) in which the concussion related symptoms occurred.
- * 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 my parent/guardian and I 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 only this page, sign and submit to the Region



Arizona Region of USA Volleyball
SafeSport Parent/Participant Form
2022-2023 Season

The US Olympic and Paralympic 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://usavolleyball.org/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://usavolleyball.org/safesport/for-parents/>

USA Volleyball and the Arizona Region have adopted the USOPC's SafeSport training materials. These training materials which include a series of online training videos and other resources can be found on <https://usavolleyball.org/safesport/safesport-training/>. 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 available after registering through the Member Management System and then accessed through the USAV Academy. USA Volleyball has created a series of videos for junior players. These can be found at <https://usavolleyball.org/safesport/safesport-videos/>

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.

NOTE: It is now a requirement for all junior players that are 18 or will be turning 18 during the current season to take SafeSport Core Training prior to being placed on a team roster.

Print Participant Name _____ **Date of Birth** _____

Parent/Guardian Signature _____ **Date** _____



AZ REGION 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 _____

If any of the below are None, Please write None.
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 known allergies:

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: _____

I, hereby, authorize emergency medical/dental care if, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury. 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