

# Required Documentation for MVC Girls Open House and Tryouts.

You only need to turn in your documentation one time. If you turn it all in at Open House Night, you do not need to bring it again to Tryouts.

1. MVC Participation Waiver — Please bring new one with the below docs
2. 2019 USAV Medical Waiver Form

If you can please bring the #3 Safesport and #4 Concussion signature pages copied back to back, that would be very helpful. One Side Safesport, One side Concussion. Bring two total copies.

3. 2019 Safesport Form Signature Page Only
4. 2019 Concussion Form Signature Page Only
5. 2 Copies of Birth Certificate (If First time playing Club)
6. 2 \*Copies of USAV Junior Membership Card

\*If you have never played club, you will need to go to our [documents page](#) and click on New USAV Member Registration. You will be directed to the region site where you will click "Initial Registration." If you have played club before, please click on the webpoint login and renew your membership.

Be prepared to bring a \$10 cash tryout fee.

Be prepared to make your deposit payment of \$550 via cash or check made out to Momentum Volleyball Club IF your player makes a roster. No CC payment for deposits will be accepted. CC payment is allowed to pay for monthly payment plan for 3% fee.

Individual Documents are available on our website under the documents and links tab. Please bring paperwork in the above order.

All season info is posted on our [momentumvb.com/girls](http://momentumvb.com/girls)

Remember to register for tryouts at <http://eepurl.com/dATOOT>



## MOMENTUM VOLLEYBALL CLUB LLC - PARTICIPATION WAIVER

### RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently, you must make sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic participation. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during your participation, experience any distress or have any questions regarding your participation, notify your coach. Momentum Volleyball Club LLC provides no participant accident insurance or athletic accident insurance for tryouts or participation in any organized team training, individual volleyball training, fitness training, or open gym/camp trainings. **You must provide your own coverage.**

**WHEREAS** the undersigned voluntarily desires to participate in a team practice, tryout, private lesson, open gym, camp, or fitness training; and

**WHEREAS** the undersigned is duly aware of the risks and hazards that may arise through participation in said activities and that participation in said activities may result in loss of life, limb, property, or all three, of the undersigned.

### **THEREFORE, it is agreed as follows:**

THAT in consideration of being allowed to participate in said activities, **the undersigned hereby voluntarily assumes** all risks and accident or damage to his/her person or property and all risks of liability or demands of any kind sustained, whether caused by the negligence of Momentum Volleyball Club LLC agents or employees, or otherwise; and

**THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned;** and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from the physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting condition that may impair performance, or other problems to the Momentum Volleyball coach and staff at Momentum Volleyball Club LLC.

**THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.**

**ATHLETE NAME (print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**ATHLETE SIGNATURE:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

**PARENT SIGNATURE (if athlete is under 18 years of age):** \_\_\_\_\_



## 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



Print this page, sign and submit to the Region



Arizona Region of USA Volleyball  
SafeSport Parent/Participant Form  
2019-2020 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 the Member Management System and accessed through the USAV Academy.

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  
2019-2020 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 submitted to the Arizona Region office.
- \* The Arizona Region has posted on their website (<https://www.azregionvolleyball.org/handbook>) CDC Concussion Fact Sheets on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. The Fact Sheets are 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.
- \* I understand that there is a possibility that participating in volleyball 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 club director, coach, athletic trainer, parent volunteer, or official.
- \* I understand that a concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- \* I understand that 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. A player may not return to play during the same event they were diagnosed with a concussion.
- \* 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 junior 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 \_\_\_\_\_

Junior Athlete:

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

Parent/legal guardian:

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