



# TRYOUT REGISTRATION FORM

Cost: All Players \$30 Tryout Fee

Jersey #

Staff Use Only

Club Age

Athlete's Name \_\_\_\_\_ DOB \_\_\_\_\_

Guardian's Names \_\_\_\_\_

Guardian's Contact Number \_\_\_\_\_

Guardian's Email (all caps) \_\_\_\_\_

Please use an email that is legible and that you check frequently. We use email communication with players and parents

## PREVIOUS CLUB EXPERIENCE

Club Name \_\_\_\_\_ Year \_\_\_\_\_

Club Name \_\_\_\_\_ Year \_\_\_\_\_

Club Name \_\_\_\_\_ Year \_\_\_\_\_

Club Name \_\_\_\_\_ Year \_\_\_\_\_

## SCHOOL TEAM

- 7th  Varsity  JV
- 8th  Varsity  JV
- 9th  Varsity  JV  Other Position(s) \_\_\_\_\_
- 10th  Varsity  JV  Other Position(s) \_\_\_\_\_
- 11th  Varsity  JV  Other Position(s) \_\_\_\_\_
- 12th  Varsity  JV  Other Position(s) \_\_\_\_\_

## POSITION PREFERRED

(mark in order of preference: 1, 2, 3, 4)

\_\_\_ Setter \_\_\_ Libero/DS

\_\_\_ Middle \_\_\_ Outside/Opposite

## SIGNING

The following information is not used to decide who makes the team, it is used to determine how many players are offered a position.

Please select **one** of the following choices:

- If I am offered a position today, I plan to sign - **Puyallup Juniors is my FIRST choice.**
- If I am offered a position today, I still plan on trying out for other teams before deciding - **PJVBC is not my first choice.**
- PJVBC is not my first choice, and if I make another team I plan on committing to them.

Please list any other school or club sports you plan on participating on during the 2023-2024 season:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PJVBC strives to provide the top club experience. In the Puget Sound Region of USAV, all players are eligible to sign club contracts to the team they chose on the day of tryouts. We will be offering spots for teams and signing contracts on the day of tryouts.**

I give permission for my player \_\_\_\_\_ to attend and participate in the PJVBC tryouts. I understand that any sport can pose a risk of injury at any time, and I hereby release the coaches, administrators, and club of all liability in case of injury.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

All players must present this form, along with your **USA Volleyball Junior Tryout Membership card, 2024 PSRVB Player Medical History & Release Form, PJVBC Waiver of Liability Form, and registration fee** before participating in tryouts.



# RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND PARENT CONSENT FORM

UPDATED JUNE 2023

I/We hereby understand and acknowledge that the participating and/or observing the training, programs, and events held by the SUNRISE COURTS/PUYALLUP JUNIORS VOLLEYBALL CLUB may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat or humidity, and all other such risks being known and appreciated by me. I/We hereby acknowledge SUNRISE COURTS/PUYALLUP JUNIORS VOLLEYBALL CLUB is not responsible for the possible contraction of airborne illness (including but not limited to influenza, common cold, COVID-19, etc. I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and the SUNRISE COURTS/PUYALLUP JUNIORS VOLLEYBALL CLUB furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the SUNRISE COURTS/PUYALLUP JUNIORS VOLLEYBALL CLUB, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind rising out of my participation and/or observation in the SUNRISE COURTS/PUYALLUP JUNIORS VOLLEYBALL CLUB training, programs, and/or events.

By my signature I/we indicate that I/we have read and understand this waiver of liability. I am aware that this is a waiver and release of liability and I voluntarily agree to its terms.

## PARTICIPANT

**Name** *(Please Print)* \_\_\_\_\_

**Participants Date of Birth** \_\_\_/\_\_\_/\_\_\_\_\_

## PARENT/GUARDIAN

**Name** *(Please Print)* \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** *(If under 18 years of Age)* \_\_\_\_\_ **Date** \_\_\_\_\_



# JUNIOR VOLLEYBALL PLAYER PARTICIPATION & MEDICAL AUTHORIZATION FORM

This **must be** completed - legibly - and signed in all areas by the player's 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, \_\_\_\_\_, 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: \_\_\_\_\_

**CHOOSE ONLY ONE OPTION BELOW:**

**OPTION 1:** 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

**OPTION 2:** I **do not authorize** emergency medical/dental care for my daughter/son.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian



**RELEASE OF LIABILITY -- READ BEFORE SIGNING**  
**Minor Participating in Volleyball Event**  
 (Under age 18 at time of registration)

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, acknowledge, and agree to allow my minor child, \_\_\_\_\_, to participate in a volleyball event which could include but is not limited to matches, tournaments, practices, clinics, contests and other USAV sanctioned activities. I further understand and acknowledge that the responsibility for this event participation is borne by me as a parent.


1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation for my child. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the responsible party immediately; and,
4. I, for myself, my child and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS USA Volleyball, its regions, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR ME AND MY CHILD BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE

x \_\_\_\_\_  
 (print name)

Date Signed: \_\_\_\_\_



ATTACH  
USAV MEMBERSHIP CARD  
OR SCREENSHOT  
HERE