



# 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 list 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 2020-2021 season:

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

**PJVBC strives to provide the top club experience. This year 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, 2021 PSRVB Player Medical History & Release Form, Lystedt Concussion Waiver Form, PJVBC Consent Form, and registration fee before participating in tryouts.**



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

UPDATED JANUARY 2022

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 <i>(If under 18 years of Age)</i> _____	Date _____

## USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

SIGNATURE REQUIRED

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.

The undersigned parent and natural guardian or legal guardian of the applicant ( \_\_\_\_\_ [minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in USAV/RVA events.

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## USA VOLLEYBALL CODE OF CONDUCT

### THE FOLLOWING ACTIONS ARE PROHIBITED:

- Violation of any anti-doping policies, protocols or procedures as defined by the International Olympic Committee (IOC; [www.olympic.org](http://www.olympic.org)), World Anti-Doping Agency (WADA; [www.wada-ama.org](http://www.wada-ama.org)), Federation Internationale de Volleyball (FIVB; [www.fivb.org](http://www.fivb.org)), US Anti-Doping Agency (USADA; [www.usada.org](http://www.usada.org)) or the United States Olympic Committee (USOC; [www.teamusa.org](http://www.teamusa.org)). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
- Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport ([www.safesport.org](http://www.safesport.org)), as they may be amended from time to time.
- Possession, consumption or distribution of alcohol, tobacco, vaping devices or e-cigarettes if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
- USAV policy prohibits the possession, consumption or distribution of alcohol, tobacco, vaping devices or e-cigarettes by anyone registered as a junior volleyball player at the event venue of any USAV/RVA sanctioned junior event.
- Use of a recognized identification card by anyone other than the individual described on the card.
- Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed.)
- Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned events.
- Any action considered to be an offense under Federal, State or local law ordinances.
- Violation of the specific policies, regulations, and/or procedures of the USAV, RVA or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations and procedures.)
- Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- Physical or verbal intimidation of any individual.
- Actions that will be detrimental to USAV or the RVA.

### USA VOLLEYBALL DISCIPLINARY SUGGESTIONS:

Infraction	When Occurred	Suggested Maximum Sanction
First	Before or during event	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction.
Second	Before or during event	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
Third		Individual may be declared ineligible for USAV registration or RVA membership for the remainder of his/her lifetime.

**NOTE : Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to a lifetime ineligibility for USAV registration or RVA membership after the first infraction.**

Sanctions are applied after affording the participant due process that may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations and matters under the jurisdiction of the U.S. Center for SafeSport, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA respectively. USADA and the U.S. Center for SafeSport retain the sole ability to determine any and all sanctions in those matter under their respective and exclusive jurisdictions.

- I have read and understand the USA Volleyball Code of Conduct and Disciplinary Policies
- I agree and consent to abide by the USA Volleyball Code of Conduct and Disciplinary Policies and other region specific code of conducts and/or disciplinary policies.
- I understand that, if I violate the USAV and/or RVA Codes of Conduct, I might be subject to disciplinary action in accordance with USAV and/or RVA Disciplinary Policies.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

SIGNATURE REQUIRED