PUYALLUP JUNIORS VOLLEYBALL

STAFF USE ONLY

Jersey #

Club Age

TRYOUT REGISTRATION FORM

Cost: All Players $30 Tryout Fee

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

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

Please select <u>one</u> of the following choices:

☐ If offered a position today, I plan to sign - **Puyallup Juniors is my FIRST choice.**

☐ If 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 2026-2027 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**, **Updated PSRVB Player Medical History & Release Form**, **PJVBC Waiver of Liability Form**, and **registration fee** before participating in tryouts.*

PUYALLUP JUNIORS VOLLEYBALL

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

UPDATED APRIL 2025

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

ATTACH
USAV MEMBERSHIP CARD
OR SCREENSHOT
HERE

Concussion Management and Sudden Cardiac Arrest Acknowledgement

The Puget Sound Region of USA Volleyball believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student athlete you play a vital role in protecting participants and helping them get the best from sport.

Player and family education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This acknowledgement must be signed annually by the parent/guardian and student athlete prior to participation in Puget Sound Region Volleyball events. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

ZACHERY LYSEDT LAW COMPLIANCE STATEMENT
I certify:

1) I have been provided with information on concussions in youth sports in compliance with HB 1824.

2) I understand that on a yearly basis, the concussions in youth sports information sheet shall be signed and returned to the Puget Sound Region, USAV by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition.

3) If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctors of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and Certified Athletic Trainers).

I have received, read, and understand the information presented within the Sudden Cardiac Arrest Pamphlet.

_____	_____	_____
Student Athlete (Printed)	*Student Athlete (Signed)*	*Date*
_____	_____	_____
Parent/Guardian Name (Printed)	*Parent/Guardian (Signed)*	*Date*