

RAIN CITY VOLLEYBALL CLUB TRY-OUT REGISTRATION PROCESS 2016 SEASON

STEP ONE:

Every Player must complete a "try-out" membership with USAV (\$5.00) as well as following any registration process with Rain City Volleyball Club. To register with USAV please go to: www.psrvb.org/register
Complete all information requested for the player and once completed, print off the membership card and carry with you to the try-out. Again you must show proof of having a "try-out" membership with USAV Volleyball.

STEP TWO:

To Register with Rain City Volleyball, please complete the 4 page registration form.

Page 1 Personal Information

Page 2 Medical / Liability Release Form (**signature required** by parent or legal guardian)

Page 3 Lystedt Waiver (**signatures required** by both parent or legal guardian **AND** player)

Page 4 USAV 2016 Medical Form (**signatures required** by both parent or legal guardian **AND** player)

STEP THREE:

Once the forms are completed and signed, please mail them with a check made out to Rain City Volleyball Club in the amount of \$25.00 so that we can process your registration. You will receive an email confirmation prior to the try-out. If you do not receive a confirmation, it might be that we could not read your email address; so please print clearly so we can see all the correct letters, numbers and underscores in the email address. Please email (raincityvb@frontier.com) if you have not received confirmation prior to try-outs.

Mailing Address for forms:

Rain City Volleyball Club
c/o Cheryl Hinkle
3305 199th Place SE
Bothell, WA 98012

Even though you will have pre-registered, you will still need to arrive at least 15 minutes early to check-in and complete the registration process.

Pre-Registration with Rain City Volleyball Club is recommended. A Try-Out membership with USAV is REQUIRED. If you do not choose to pre-register with Rain City Volleyball, we will accept players that walk-in with their forms completed (including all pages signed by parent/legal guardian) as well as a copy of their USAV try-out membership card. The cost for registering at the door is \$30.00 cash; no checks. Please also note that if you are choosing not to pre-register; the walk-in registration time will be longer.

If you have any questions, please call Cheryl at 425-481-7855, or during day of try-out 425-773-7855.

RAIN CITY VOLLEYBALL CLUB 2016 TRYOUT FORM

Player Name:	Date of Birth:	Age Group:	Grade:
Street Address:			
City:	Zip:		
Player Email:	Dad's Email:		
	Mom's Email:		
Home Phone:	Player's Cell Phone:		
Mom's Name:	Mom's Cell Phone:		
Dad's Name:	Dad's Cell Phone:		
School:			
Position:	Prior Club Experience (if any):		
Will player accept spot Immediately: Yes No	Number of Club Years:		
Where else trying out:	Other club sports:		
What factors will go into your decision to accept the position			
I can travel during season: Yes No	I can travel during post season: Yes No		
What are you looking for in a club experience?			
What are two things you would like us to know about you?			
Is there anything your parents would like us to know?			
Is there a day you cannot practice during the season? Yes No If Yes, what day(s)			
T-Shirt Size: Youth Large Adult Small Adult Medium Adult Large Adult XL			
How did you hear about us: Newspaper Region Friends Internet Other: _____			

RAIN CITY VOLLEYBALL CLUB
2015-2016 Medical Authorization & Liability Release Form
Please print information clearly

I hereby authorize and consent to Rain City Volleyball Club to provide first aid to my child or arrange for him or her to be seen and treated by a health care professional:

Name of Participant: _____

Insurance Co: _____ Policy #: _____

Name, Number, and Relation of Emergency Contact:

By my signature below, I give my daughter _____ permission to participate in the Rain City Volleyball Club Try-Outs for the 2015-2016 season. I certify that I am the legal parent and/or guardian of my daughter and have the authority to agree to and sign this waiver, release and consent on behalf of myself and my daughter. My daughter and I, waive, hold harmless, and release the Rain City Volleyball Club (including but not limited to its officers & directors, coaches, staff, chaperones, volunteers, parents providing transportation and assistants of Rain City Volleyball Club); Edmonds Community College (including but not limited to all employees, officers, directors & staff of the Edmonds Community College System); the Edmonds School District (including but not limited to all officers, directors, employees & staff of the Edmonds School District); the Mukilteo School District (including but not limited to all employees, officers, directors & staff of the Mukilteo School District), the Northshore School District (including, but not limited to all employees, officers, directors & staff of the Northshore School District), and the City of Lynnwood Parks and Recreation (including but not limited to all employees, officers, directors & staff) from any and all demands, claims, actions, lawsuits, liability and damages of any kind whatsoever arising out of, or relating to her participation in the Rain City Volleyball Club Try-Out process. I intend this waiver, release and consent to be construed to the fullest extent allowed by law.

I sign this waiver, release and consent in exchange for Rain City allowing my child to participate in Rain City Volleyball events, activities and try-outs. I understand and agree that a waiver, release and consent such as this is important to allow Rain City Volleyball to recruit coaches, staff, and volunteers and to recruit parents to provide transportation to and from volleyball events and activities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Witness Date

Witness Date

Players will not be admitted to the tryout unless this form is completed, signed by Parent or Legal Guardian, and turned in during registration. NO EXCEPTIONS!

PUGET SOUND REGION USA VOLLEYBALL --- CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches or "Pressure in head"	Drowsiness	Nervousness or anxiety
Nausea or vomiting	Amnesia	Irritability
Neck pain	"Don't feel right"	More emotional
Balance problems or dizziness	Fatigue or low energy	Confusion
Blurred, double, or fuzzy vision	Sadness	Change in sleep patterns
Feeling sluggish or slowed down	Repeating question or comment	Feeling foggy or groggy
Sensitivity to light or noise	Concentration or memory problems (forgetting game plays)	

Signs observed by teammates/parents/coaches include the following:

Appears dazed	Can't recall events prior to hit	Answers questions slowly
Confused about assignment	Any change in typical behavior or personality	Slurred speech
Is unsure of game, score, or opponent		Seizures or convulsions
Moves clumsily, displays incoordination	Vacant facial expression	Can't recall events after hit
Shows behavior or personality changes	Forgets plays	Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion inform your child's coach. Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The "Zackery Lystedt Law" in Washington requires the following: *"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" and "...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider"*. More information: <http://www.cdc.gov/ConcussionInYouthSports/> .

ZACHERY LYSEDT LAW COMPLIANCE STATEMENT

I certify that: 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. 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*).

Signature of PARENT/GUARDIAN

Printed Name of Parent

Date

Signature of PLAYER

Printed Name of Player

Date



2015-2016 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: _____
Primary Phone: _____	City, State & Zip _____
	Alternate Phone: _____

Secondary Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> 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

I do not authorize emergency medical/dental care for my daughter/son.

Signature: _____ Date: _____
Parent/Guardian