

Club Age:



BIB/SHIRT#:

2018-19 Club Tryout/Offer Documents

7347 S. Revere Pkwy B100

Centennial, CO 80112

720-508-4333

www.momentumvbc.com

Birthdate:

First Name:

Mi:

Last Name:

POSITION:

Primary Position

___ Setter

___ Outside

___ Middle

___ Libero/DS

Secondary Position

___ Setter

___ Outside

___ Middle

___ Libero/DS

School Team:

Previous Club Team:

Do you wish to play
in college?

Yes

No

Maybe

Parents Names:

Emails:

Cell ph:

Tryout/Offer Checklist:

_____ Register player at the Momentum website.

This can be done at www.momentumvbc.com then go to Parent eSoft login.

_____ Have current RMR Membership Card or register with RMR for Summer Membership (**Players not contracted with Momentum 2017-18 season**)

You do NOT need to bring your membership card unless you just registered for the summer

Upon Offer Acceptance:

_____ Complete Credit Card Release Form

_____ Complete USAV Medical Release Form

_____ **Bring a copy of the player's Birth Certificate (players new to Momentum only)**

_____ **Bring a copy of the player's current Health Insurance card**

Bring these documents with you in the event you are offered a contract the day of tryouts

Team: _____



Credit Card Release Form 2018-19 Season

We agree to have the club charge our credit card according to the payment schedule stipulated for this current club season on the day the payments are due. (please see payment chart for exact dates when credit card will be charged)

Player's Name: _____

Credit Card Holder's Name: _____

Credit Card: Master Card Visa (we DO NOT accept AmEx)

Credit Card Number: _____

Credit Card Expiration Date: _____

Security Code: _____ For Visa/MC (3 digits on back)

Billing Address:

Street Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Card Holder's Signature of Authorization: _____

Date: _____



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