

## Final Reminders for Boys Tryouts at Momentum Volleyball Club

Tryouts are at Barry Goldwater HS on August 10th, 2024. Review season dues, age definitions, and tryouts session times on [MomentumVB.com](http://MomentumVB.com). Remember,

**ALL PLAYERS MUST HAVE A GUARDIAN PRESENT AT TRYOUTS.**  
**THIS WILL BE VALIDATED AT THE CHECK-IN TABLE.**

Please use the week of Open House/Eval Nights to ask questions and get assistance with Memberships and Registration. There will not be enough time to assist with this step on the morning of tryouts.

Email [MVCBoys@momentumvb.com](mailto:MVCBoys@momentumvb.com) if you have any questions or need help.

1. My Player has an active AZ Region Membership purchased via [Sportsengine](#)
2. I have confirmed that my Player is [Registered for tryouts](#) with Momentum.
3. Remember to bring \$20.00 cash tryout fee.
4. Bring All Region Forms. Do not double-side the forms if possible. Print Legibly. These forms will be emailed to those registered for tryouts and available on our website. You can turn them in at evaluation nights as well.
  - a. **2024-2025 Player Medical Release Form**
  - b. **2024-2025 Safesport Form**
  - c. **2024-2025 Concussion Form**
5. **Bring Copy of Birth Certificate if it is your players first season playing club.**
6. I am prepared to stay after the session to sign paperwork and pay \$800 deposit if my player makes a team, for welcome meeting, TeamSnap setup, contract signing, uniform fittings, and payment.

***Forgot to do something?***

***Please ask MVC Staff for assistance before completing***

**1.CREATE SPORTSENGINE  
PARENTAL ACCOUNT:**



**2.PURCHASE PLAYER  
MEMBERSHIP - CHOOSE SUMMER**



**3.REGISTER FOR TRYOUTS  
WITH MOMENTUM**





# AZ REGION 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 \_\_\_\_\_

If any of the below are None, Please write None.  
 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 known allergies:

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: \_\_\_\_\_

I, hereby, authorize emergency medical/dental care if, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury. 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. I will assume all responsibility for care for my daughter/son.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian





Print only this page, sign and submit to the Region

Arizona Region of USA Volleyball
SafeSport Parent/Participant Form
2024-2025 Season



The US Olympic and Paralympic Committee, USA Volleyball and the Arizona Region of USA Volleyball are committed to creating a safe and positive environment for its participants' physical, emotional and social development and ensuring it promotes an environment free from abuse and misconduct.

The policies that are currently part of the SafeSport Program are defined on the Arizona Region of USA Volleyball SafeSport Program document and in the USAV SafeSport Handbook and Resource page of the USAV website https://usavolleyball.org/safesport/. Those policies include:

- Bullying, Threats and Harassment
Hazing
Harassment, including Sexual Harassment
Emotional Misconduct
Physical Misconduct
Sexual Misconduct

While other team members may often be the perpetrator of abuse and/or misconduct, it is a violation of these policies if a coach or other responsible adult knows or should have known of the abusive behavior but takes no action to intervene on the behalf of the targeted participant(s).

Parent education is one of the keys to keeping a program safe from abuse and misconduct. Parents can assist by helping to avoid situations in which misconduct can occur, by being aware of the signs and symptoms of abuse and by reporting suspected abuse. Parent Resources can be found at https://usavolleyball.org/safesport/for-parents/

Parent/spectator behavior has become a major issue at tournaments. Aggressive language or behavior, belittling and harassing junior players, line judges, scorers, R2 officials, R1 officials, site directors or other tournament personnel is not "part of the game". It is abuse. Visit https://loudounelitevb.com/page/show/7667661-sports-parents on how to be a better sports parent. Parent behavior is the number one reason we are losing officials and facilities to host.

USA Volleyball and the Arizona Region have adopted the USOPC's SafeSport training materials. These training materials which include a series of online training videos and other resources can be found on https://usavolleyball.org/safesport/safesport-training/. Everyone is encouraged to take the SafeSport Training and Make the Commitment to Stop Abuse in Sport. The SafeSport Training course for credit as a coach/official/chaperone is available after registering through the Member Management System and then accessed through the USAV Academy. USA Volleyball has created a dedicated webpage for Athlete Resources. This can be found at https://usavolleyball.org/safesport/for-athletes/

If your chosen club does not talk to you about SafeSport and let you know who their SafeSport Contact is for the club, ASK THEM for their SafeSport policies and the SafeSport Contact for the Club.

Depending on the type of issue, report all actual or perceived violations to your club's SafeSport contact, the Arizona Region SafeSport Contact, USA Volleyball SafeSport and/or local law enforcement.

My signature below indicates that I have read the Arizona Region SafeSport Program document and discussed it with my child who is applying for membership. I understand that this signed form (page 3 of this document) is required to complete my child's membership with the Arizona Region of USA Volleyball.

NOTE: It is a requirement for all junior players that have turned 18 or will be turning 18 during the current season to take the SafeSport Core Training prior to being placed on a team roster.

Print Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





**Arizona Region of USA Volleyball  
Mild Traumatic Brain Injury (MTBI) / Concussion  
2024-2025 Statement and Acknowledgement Form**



I, \_\_\_\_\_ (athlete), acknowledge that I must be an active participant in my own health and have the direct responsibility for reporting all my injuries and illnesses to my club's staff (e.g., coach or parent volunteer) and my parent. I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, and/or disabilities experienced before, during or after athletic activities.

**By signing below, I acknowledge:**

- \* My Arizona Region and USA Volleyball membership registration is not complete and I will not be put on a roster for participation until this signed form is on file with the Arizona Region office each season.
- \* The Arizona Region has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion, and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and to Players. The Fact Sheets can be found on the AZ Region website Handbook – [www.azregionvolleyball.org/handbook](http://www.azregionvolleyball.org/handbook) - type Fact Sheet in the search bar to access the Concussion Fact Sheets.

For more education on concussions, I can go to: <https://www.cdc.gov/heads-up/about/index.html>  
 A free Online Training Course by the CDC can be found at <https://www.cdc.gov/heads-up/communication-resources/training.html>  
 A free 20-minute concussion education course can be taken at <https://nfhslearn.com/courses/concussion-in-sports-2>

**FURTHERMORE:**

- \* I have fully disclosed to the staff any prior medical conditions and will disclose any future conditions if they arise.
- \* I understand, there is a possibility that participation in volleyball may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- \* I acknowledge that a concussion is a brain injury, which I am responsible for reporting to my coach, my parent(s), the parent volunteer, or the athletic trainer.
- \* A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- \* Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- \* If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- \* I will not return to play in a practice, match or tournament if I have received a blow to the head or body that results in concussion related symptoms UNTIL my symptoms have resolved AND I have written clearance to do so by a qualified health care professional. An athletic trainer is not authorized to give clearance to return.
- \* Per Arizona Region Policy, I may not return to practice or play during the same event (practice, match, or tournament) in which the concussion related symptoms occurred.
- \* Following a concussion, the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

***I represent and certify that my parent/guardian and I have read this entire document and the Concussion Fact Sheets. We fully understand: 1. that a concussion is a brain injury, 2. the signs and symptoms of a concussion, 3. the need to report a suspected concussion to my coach and parent, and 4. the reason to heal before returning to play.***

**(BOTH student athlete AND parent/legal guardian must sign below)**

For identification purposes only please indicate the **Athlete's Date of Birth** \_\_\_\_\_

**Minor Athlete:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/legal guardian:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_