

# RAIN CITY VOLLEYBALL CLUB TRY-OUT REGISTRATION PROCESS 2020 SEASON

## **STEP ONE:**

Every Player must have a current “try-out” membership with USAV (\$5.00) as well as completing all registration forms with both USAV and Rain City Volleyball Club. You will find instructions and forms required by USAV at: <https://www.psrvb.org/clubs-tryouts> Complete all information for the player, print the membership card and all required forms with original signatures to bring with you to the try-out. Again, you must show proof of having a “try-out” membership with USAV Volleyball in order to tryout.

## **STEP TWO:**

To Register with Rain City Volleyball, please complete the 2 page registration form.

Page 1 Player Information

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

## **STEP THREE:**

Once all forms are completed and signed make sure you have enough copies (with original signatures on each) for all tryouts you plan to attend. You may email copies to [raincityvb@hotmail.com](mailto:raincityvb@hotmail.com) or snail mail to 708 20<sup>th</sup> St Snohomish Wa 98290 to facilitate a quicker registration. Rain City will have a \$20 tryout fee to be paid in person by cash or check the day of tryouts.

## **CHECK LIST OF REQUIRED ITEMS**

- USAV Membership Card
- USAV Medical Release Form
- USAV Concussion and SCA Compliance Waiver
- Rain City Tryout Information Form
- Rain City Medical and Liability Release Form
- \$20.00 Cash or Check

## RAIN CITY VOLLEYBALL CLUB 2020 SEASON TRYOUT FORM

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

**RAIN CITY VOLLEYBALL CLUB**  
**2019-2020 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 child \_\_\_\_\_ permission to participate in the Rain City Volleyball Club Try-Outs for the 2018-2019 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

***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!***