

## ATHLETE INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Athlete Cell Phone (\_\_\_\_) \_\_\_\_\_ Athlete Email \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Other Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## USA VOLLEYBALL MEMBERSHIP INFORMATION

*Be prepared to confirm athlete's USAV Membership by printing Membership Card and/or on Mobile Device. Club Assignment will be sent to email below.*

**USA Volleyball Membership #** \_\_\_\_\_ Confirm Athlete's Date of Birth: \_\_\_\_\_

**! Parent/Guardian Email** (Used for SportsEngine Profile): \_\_\_\_\_

## SCHOOL/CLUB INFORMATION

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Primary Position:**  S  MB/MH  OH (left)  OH (right)  DS  Libero  Not Sure **Height** \_\_\_\_ft.\_\_\_\_in. **Dominant Hand**  R  L

Previous Club Volleyball Experience  Y  N **Club Name(s)** \_\_\_\_\_ **Year(s)** \_\_\_\_\_

## CONSENT TO PARTICIPATE

INITIALS I understand, agree, and acknowledge that playing volleyball consists of strenuous physical activity, and have no knowledge of any physical impairment which would be affected by the above named athlete's participation in Athlete Evaluations (Open Houses), Team Selections (Tryouts), practices and/or competition. I hereby and promise that I will not hold **Club Cactus Juniors Volleyball Club LLC**, its Directors, coaches, staff, and assignees from responsible for any loss, damages, or personal injury received as a result of participation.

INITIALS I verify that the athlete named above has been checked by a licensed physician and is physically able to participate with Club Cactus Juniors Volleyball Club at all training and/or competitions—including pre-season Open Houses and Team Selections. The athlete has no medical, physical, mental, or emotional health conditions that would hinder or prevent his/her participation in Club Cactus Juniors activities.

INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to participation Club Cactus Juniors Volleyball Club at all training and/or competitions— (including pre-season Open Houses and Team Selections) and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I further understand, agree, and acknowledge to hold harmless CCJ, its Directors, coaches, and staff, against any Claims based on the actions of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club activity.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## PREFERRED TRAINING LEVEL

The following information will help the Coaching Staff determine the interest level for all teams during Open Houses and Tryouts. **Please check all boxes that apply.**

- Junior National Teams** (Travel Teams)
  - Interested in Open National Teams (Mizuno Teams)
  - Interested in National Teams (Silver Teams)
- Regional Teams** (No Travel; Arizona Region competition only)
- Local Teams** (Not interested in Region competition. Only Tucson teams)
- Not sure.** If checked, a CCJ coach may contact you about playing on a National Team if the athlete qualifies at the Team Selections.
- Youth Academy (Developmental Training for 10U-14U)**

## FORMS CHECKLIST

Please have the following forms to complete Registration.

- CCJ Athlete Information Form (this form)
- CCJ Financial Commitment Acknowledgement
- USA Volleyball Membership Card (Proof of Registration)
- USA Volleyball Medical Release Form
- Arizona Region Concussion Acknowledgement
- USA Volleyball SafeSport Acknowledgement
- COVID-19 Waivers (CCJ and Arizona Region)
- Copy of Birth Certificate