

OKRVA JUNIOR TRYOUT APPLICATION 2010/11

This a Tryout Application and Medical Release form. This form is for the TRYOUT PROCESS ONLY – not as your permanent record for Registration for any team / club or USA Volleyball.

PLAYER INFORMATION	Name			
	Address			
	Home Phone			
	Email Address			
	Year in School		Birthdate MM DD YY	
	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	

PARENT/GUARDIAN INFORMATION	Name			
	Relationship to Player			
	Address (if different)			
	Home Phone			
	Work Phone			
	Fax			
	Email Address			

EMERGENCY CONTACTS	Name			
	Phone			
	Name			
	Phone			

OTHER	Family Physician Name			
	Physician Phone			
	Name of Insurance			
	Ins Group # (if known)			

Club Name		Age Level	
------------------	--	------------------	--

Participant, (player's name) _____, has my permission to participate in training and tryout competition for this team / club, OkRVA and USA volleyball. 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 also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above. If, during the course of my daughter / son activities in volleyball, 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.

SIGNED BY PARENT OR GUARDIAN DATE

*****I do NOT authorize emergency medical / dental care for my daughter*****

SIGNED BY PARENT OR GUARDIAN DATE

Please answer the following questions to the best of your ability

Please list any injuries the participant has suffered in the last six months.

Please elaborate on any medical conditions we should be aware of:

Is the participant currently taking any medications? Yes No

If so, please name the drug(s) dosage and frequency needed: _____

Please list any allergies: _____

Is there any psycho-social or physical condition for which the participant is currently under professional care? _____

Please use this section for your comments regarding your player's health.

**THIS TRYOUT FORM IS FOR INFORMATION PURPOSES ONLY!
DO NOT ENTER THIS INFORMATION INTO THE ONLINE REGISTRATION SYSTEM.
IF THE ABOVE LISTED PLAYER IS NOT JOINING THE SPECIFIC CLUB AS INDICATED
ON THIS FORM, YOU MUST RETURN THIS FORM AND APPROPRIATE FEE TO THE
REGION OFFICE:**

**OKRVA
2741 NW 162nd
Edmond, OK 73013**

CLUB USE ONLY		
RECEIPT ISSUED AT	DATE ISSUED	AMOUNT PAID AT TRYOUT