**Player Tryout Checklist**

|  |  |
| --- | --- |
| NTR Online Acceptance of Offer (OCS) |  |
| Birth Certificate |  |
| NTR Membership Card |  |
| Player Information Sheet |  |
| Minor Waiver and Release |  |
| NTR Medical Waiver |  |
| Credit Card Authorization Form |  |
| Payment Agreement—no exceptions |  |
| Extreme Contract |  |
| $75 Tryout Fee (10-11U)  $80 Tryout Fee (12-18U) |  |
| Fall Skills $200 |  |

**2021-2022 Extreme VBC Player Information Sheet**

**Please print all information clearly**.

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Parent Name: | Cell Phone: | E-Mail Address: |
| Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please list any additional player/medical conditions or information that you would like for Extreme VBC to know about or discuss with you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniform Information:**

**\*\*\*be sure you add youth to all youth sizes.**

**Please note if the size you put down is incorrect (too small or too big ect…) you will be charged to order new uniforms.**

Uniform Jersey Size: \_\_\_\_\_\_\_\_

Practice shirt Size: \_\_\_\_\_\_\_\_

Spandex Size: \_\_\_\_\_\_\_\_

Knee Pad Size: \_\_\_\_\_\_\_\_

Hoodie\_\_\_\_\_\_

Player Jersey # Choices: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_

Monogram name on backpack $10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021-2022 Extreme VBC Minor Waiver Release**

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS - READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my child/ward, being allowed to participate in any way in any activity with DFW Volleyball Club, LLC and Extreme Volleyball Club the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward’s participation; and,

3. I willingly agree to comply with the program’s stated and customary terms and conditions for participation, including the Extreme Volleyball Club Rules & Regulations documented at extremevbc.com. If I observe any unusual significant concern in my child/ward’s readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS DFW Volleyball Club, LLC, Extreme Volleyball Club, its owners, directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, for myself, my spouse, my child’s/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child’s/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (DATE)

UNDERSTANDING OF RISK - I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PARTICIPANT SIGNATURE) (PRINT NAME) (DATE)

**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.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Club: | Extreme Volleyball | | | | | | | | | | | | | | 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: | | | | | | |  | | | | | | | | | | | | |
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| **Secondary Contact:** | | | | | **□ Parent/Guardian** | | | | | | **□Other** | |  | | | | | | | | | | | |  | | | | | | | | |
| Name: | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |
| Primary Phone: | | | |  | | | | | | | | | | Alternate Phone: | | | | | | |  | | | | | | | | | | | | |
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| Primary Insurance Co | | | | | | |  | | | | | | | | Primary Group/Policy # | | | | | | | | |  | | | | | | | | / |  |
| Family Physician Name | | | | | | |  | | | | | | | | Physician Phone | | | | | | | | |  | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | |  | | | | | | | |  | |  | | | | | | | | | | | |  | | | |
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| 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 | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |

2021-2022 Season Revised 7/1/2021

**2021-2022 CREDIT CARD AUTHORIZATION**

**For EXTREME VOLLEYBALL CLUB**

Monthly Team Dues or Airline & Hotel Travel Booking Charges (for travel teams) can automatically be charged to your personal credit card for the 2021-2022 Club Season, please note your preference on the form below. Charges will generally be processed between the 1st and 6th of each month. The 5 remaining monthly payments for Team Dues will be applied from October 1, 2021 through February 1, 2022. Travel fees will be charged when hotels are booked. ***All Players must have a Credit Card Authorization on file.*** \*\*$35.00 late fee will be added to payments made after the 6th of the month.

PLAYER'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLAYER'S TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark All That Apply:

1. 5 Monthly Team Dues Fee (October 2021 – February 2022)

2. Hotel Travel Booking (For Travel Teams Only)

3. ALTERNATE PAYMENT METHOD ONLY if monthly dues not received by 15th day of Month

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name As It Appears On Card: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Billing Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Card Type: (Circle One) | American Express Master Card Visa Discover |
|  |  |
| Card Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expiration Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CID Code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last 3 digits on back of card or 4-digit code on front of AMEX) |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2021-2022 Extreme VBC Player-Parent Contract**

Age Group \_\_\_\_\_\_\_\_\_\_

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am joining DFW

Player Name (Print)

Volleyball Club, LLC/Extreme Volleyball Club on the team specified above for the 2021-2022 USAV Membership period.

Once the online offer issued by NTR has been accepted & this contract has been fully executed by all parties all other clubs are obligated to respect my signing & online written agreement and shall cease to contact me. I shall notify any club coach, club representative, or club director who contacts my family or me that I have officially joined Extreme Volleyball Club. Signatures by the player, guardian, and club director on this contract , acceptance of the online written offer, and payment of the team deposit signifies commitment to Extreme Volleyball Club for one season. It is unethical to attend another club’s tryout or discuss other opportunities once you have fully executed & accepted a position with Extreme Volleyball Club, and could result in suspensions and sanctions for all parties involved.

Furthermore, by signing this contract, the player and parent/guardian also agree to abide by the Player and Parent Codes of Conduct, and acknowledge that failure to due so will have consequences.

We the undersigned jointly certify that we have read and understand the above information and agree to be bound to Extreme Volleyball Club for the current junior sanctioned indoor season as defined by the end of the USA Volleyball National Championships.

Athlete/Participant (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete/Participant (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Director (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Director (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021-2022 Club Volleyball Season Payment Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to pay the fees required by Extreme Volleyball

(Print Name of Parent or Guardian)

Club for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the 2021-2022 Season.

(Players Name)

The deposit shall be paid and is nonrefundable, at signing day, in order to accept a position. In addition, there will be 5 remaining payments based on the payment schedule below.

**Extreme VBC Payment Plan**

**Payment 1(Deposit):**

Due: Tryouts

Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payments 2 thru 6:**

Due: 1st of Every Month beginning October 1, 2021 and ending February 1, 2022.

Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY**

Once the Club receives the first payment from the Parent or Guardian, then the Club and the parent or guardian have entered a binding contract consistent with the laws of The State of Texas.

**All payments are non-refundable.** Once the season ensues, as defined by the execution of the North Texas Region Offer and Acceptance form and all other necessary forms, the parent or guardian agrees to make any and all payments regardless of value gained or player attendance. ***There are no refunds****.*

All other clubs are obligated to respect this signing and shall cease to contact the guardian/parent and/or player. The guardian/player shall notify any club coach or director who contacts them that they have **officially joined Extreme Volleyball Club.** It is understood and agreed that the player represents Extreme Volleyball Club regardless of specific team assignment. Signatures by the parent or guardian, player, and club director on this contract signify a commitment to Extreme Volleyball Club for one season and an agreement to make payments per the schedule outlined above.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)

**\*Returned checks incur a $35 fee \*VISA/MASTERCARD/ Credit Cards accepted**

**Payments received after the 5th of each month will incur a $35.00 late fee**