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Arizona Region of USA Volleyball
SafeSport Parent/Participant Form
2020-2021 Season



The US Olympic 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://www.teamusa.org/usa-volleyball/about-us/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://www.teamusa.org/usa-volleyball/about-us/safesport/parents

USA Volleyball and the Arizona Region have adopted the USOC's SafeSport training materials. These training materials which include a series of online training videos and other resources can be found on https://www.teamusa.org/usa-volleyball/about-us/safesport. 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 registered through the Member Management System and accessed through the USAV Academy.

Additional resources regarding SafeSport issues can be found on the USAV webpage https://www.teamusa.org/usa-volleyball/about-us/safesport

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.

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

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



**Arizona Region of USA Volleyball  
Mild Traumatic Brain Injury (MTBI) / Concussion  
2020-2021 Statement and Acknowledgement Form**



I, \_\_\_\_\_ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organization's staff (e.g., coaches or athletic training staff). 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 annual membership registration is not complete and I will not be put on a roster for participation in the Arizona Region of USA Volleyball until this signed form is submitted to the Arizona Region office.
- \* The Arizona Region has posted on their website (<https://www.azregionvolleyball.org/handbook>) CDC Concussion Fact Sheets on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. The Fact Sheets are specific to Parents and to Players.
- \* I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEETS for Parents and for Players.

For more education on concussions I can go to: <http://www.cdc.gov/headsup/youthsports/index.html>  
 A free Online Training Course by the CDC can be found at <http://www.cdc.gov/headsup/youthsports/training/index.html>  
 A free 20 minute concussion education course can be taken at <https://nfhslearn.com/courses/61037>

**FURTHERMORE:**

- \* I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- \* I understand that there is a possibility that participating in volleyball may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- \* A concussion is a brain injury, which I am responsible for reporting to the club director, coach, athletic trainer, parent volunteer, or official.
- \* I understand that a concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- \* I understand that 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 game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- \* I will not return to play in a game or practice 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 to play. A player may not return to play during the same event they were diagnosed with a concussion.
- \* 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 I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document. (BOTH junior athlete AND parent/legal guardian must sign below – please use black or blue ink only)

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

Junior Athlete:

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

Parent/legal guardian:

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

Arizona Region of USA Volleyball  
Participation Guidelines and COVID 19 Waiver & Release of Liability

**The novel corona virus**, COVID-19, is an infectious disease that is extremely contagious and believed to spread mainly by person-to-person contact, including by individuals without symptoms. This disease has been declared a worldwide pandemic by the World Health Organization, and various activities have been curtailed or restricted across the country. As a result, federal, state and local governments and health agencies recommend the following guidelines:

- Wash hands with soap and water often; especially after using the restroom, prior to and after handling food and/or drink
- Use alcohol-based hand sanitizers in the absence of wash facilities
- Refrain from touching face – eyes, nose and mouth – with hands
- Cough into your elbow or a tissue – then throw the tissue away
- If you are not feeling well or are sick, stay home
- Keep at least 6 feet away from others to maintain social distance
- Those in the vulnerable age groups and/or with underlying medical conditions should protect themselves and not attend an event until the COVID-19 threat has passed.

**In addition to the general guidelines**, the Arizona Region of USA Volleyball has established the following participation guidelines in connection with voluntary participation in sanctioned events, programs and activities:

- Each individual is to bring their own towels, water bottles, water refills and keep their bags and personal items separate from any other participants' items.
- Each spectator and player should respect the distancing requirements set up by the event and not violate other's space.
- Spectators should wear masks at all times and distance themselves from unmasked participants.
- Participants should wear masks when not actively playing on the court – bench players, coaches, official, and ref crew.
- No handshakes, high fives, hand slaps, or any other intentional body to body contact.
- Groups of no more than 6 should gather at one team camp area.

**Until COVID-19 is either eradicated**, a vaccine is developed and readily available, or a cure is found, there is no way to completely eliminate the risk of infection and as such the Arizona Region of USA Volleyball strongly encourages all participants to follow these recommendations as safety precautions. The information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment, nor does USA Volleyball or any of its forty (40) Regions assume any liability or responsibility for the recommendations provided herein.

**If an individual does not agree to comply** with the guidelines for participation and/or does not accept the liability risk, then we ask that they not enter the event, program or the facility. The Arizona Region of USA Volleyball asks each person to understand the risk of contracting COVID-19 and take responsibility for their own personal health by following the guidelines and social distancing for the safety of themselves, their family, their teammates and all those participating in the program.

**Participation in the scheduled events are strictly voluntary.** No one is forced or required by anyone to participate. Participation in or attendance by anyone in the Arizona Region of USA Volleyball events is strictly voluntary and AT YOUR OWN RISK. There is no participant accident or liability insurance coverage for infectious diseases.

**By indicating my acceptance or denial of liability below**, I acknowledge the following: the contagious nature of COVID-19, the participation guidelines stated above, and the risk that my child(ren), my family at home and I may be exposed to or infected by COVID-19 while participating in this event/program. I understand that if I choose to participate and/or enter the facility, I must take responsibility for the personal protection of my child(ren), myself and others when entering the facility and placing my child(ren) or myself in the event. I agree to indemnify and hold harmless, the Arizona Region of USA Volleyball, USA Volleyball, the club and site/facility used for practices and/or tournaments, and any other unnamed organization associated with the events, programs, and activities, as well as their employees, agents, and representatives working to organize and operate the event/program, from liability due to COVID 19. I understand that if I choose NOT to accept the liability and risk inherent with participation/attendance, myself and/or my family members will not be able to participate or attend an event until such time as COVID 19 is no longer a threat. Check one box below.

- I ACCEPT the stated liability for myself and family and will voluntarily comply with the participation guidelines.
- I DO NOT ACCEPT the stated liability and understand that neither myself nor my family members will be able to participate or attend an event.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (if 18 or older) \_\_\_\_\_

Parent/Legal Guardian Name(s) (for participants under 18) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



### USAV 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 \_\_\_\_\_

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:  
  
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: \_\_\_\_\_

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