

REGISTRATION INSTRUCTIONS FOR EASTSIDE ICE VOLLEYBALL CLUB

- **Contact Information form**
- **Player Medical Release Form**
- **Photographic Use Form**
- **WEVA Registration** - Register your child as a player on the WEVA website at <https://www.wevavolleyball.org/G-Reg-O.asp>
 - The website and process for WEVA registration has changed. Follow the prompts for the membership that is appropriate for your daughter.
 - If you registered your daughter for a tryout membership, you will need to upgrade to a junior regular player.
- **Players Contract/Commitment Letter** that was given at tryouts
- **Initial Dues payment**, checks payable to Eastside Ice VBC

MANDATORY PARENT/PLAYER MEETING AND UNIFORM FITTINGS ON FRIDAY 9/25. Tri County Sports Complex – turf fields

5:00PM – 6:00PM 14 Shiver and 16 Tundra
6:00PM – 7:00PM 15 Freeze and 18 Tempest
7:00PM – 8:00PM 17 Storm and 14 Chill

Please mail all registration paperwork and payment to the address below or bring on Friday to parent meeting :

Eastside Ice Volleyball Club
c/o Amy Wallace
3 Dove Tail Lane
Fairport, NY 14450

EASTSIDE ICE REGISTRATION INFORMATION

Player's Name / Player phone #	
School District	
Mom Name	
Mom contact phone #	
Dad Name	
Dad Contact phone #	
Home phone #	
Home Address	
Main email contact address	
Secondary email?	
Emergency Contact	
Emergency Contact Phone #	
Insurance Company	
Policy #	
Cardholder Name	
WEVA #	
WEVA Expiration date	
Requested Jersey # (top 3 choices) between 1 and 20. Returning players will get preference on jersey #s	
Team Name	

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: _____

First Name _____ Last Name _____ Birth Date _____ Age _____ Male Female

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

PERMISSION FOR PHOTOGRAPHIC USE ON WEBSITES

On occasion, we may be taking pictures at tournaments, scrimmages or practices of the players, coaches, families, etc. We are asking your permission to allow us to photograph and share pictures via email or on our facebook / Instagram page and website. We will not use these pictures in any way other than to promote our club and share our progress throughout the club season.

I, _____ parent/guardian of _____

will allow my daughter to be photographed by Eastside Ice Volleyball Club for the sole purpose of promoting the club and sharing status updates on our facebook / instagram page and website.

Signature of parent/guardian

Date