

LBC Volleyball Tryout Checklist

In order to attend LBC Volleyball tryouts the following documents are required, LBC will retain the provided documents:

- Copy of the players birth certificate or passport
- Copy of Player Interview ([MUST DOWNLOAD!](#), click here)
- USA Volleyball Player Medical USAV Medical Release Form ([MUST DOWNLOAD!](#), click here)
- Copy of USA Volleyball (USAV) Membership card, active members are those with memberships from either:
 - Winter Member (even for a different USAV Club) from the most recent winter season; or
 - Current Summer Season Member; or
 - Current Junior Summer Tryout Membership (\$15.00); sign up at [NEW USAV players](#) , click here (good only from 7/1 through 10/31 of current calendar year)
- \$20.00 Non-refundable tryout fee; Personal check payable to LBC Volleyball

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- USA Volleyball and RMR Volleyball require all players and staff to be members of USA Volleyball if they intend to participate in USAV events.
 - **Please note** the Winter season membership registration usually opens October 1st, please make sure the membership for the season you intend to play is a membership option before paying dues.
 - Membership is \$55 per person, payable to USAV.
 - Returning USAV members renew at [RETURNING USAV players](#). New members sign up at [NEW USAV players](#).
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NEED TO KNOW

- Posted tryout times are when players will be on the court stretching then competing. Doors open prior to the tryout time for check in.
- LBC Volleyball teams play in a very competitive league, thus Players need to understand they will be coached in a manner to achieve growth of skills and execution in a competitive environment at practices and against opponents. This is not “bump and giggle” volleyball.
- Tryouts are a very competitive setting thus proper athletic shorts, shirts, shoes, knee pads, and preferred protective equipment should be worn. Players should bring refillable spill proof water bottles with clear identification of owner on the bottle.
- Pictures of all players will be taken during tryouts for the purpose of player identification and data gathering. Pictures will consist of individual player head shot and various miscellaneous action shots.

EVALUTATIONS

- During tryouts all player’s skills, attitude, effort, and interaction with other players as well as staff will be are evaluated and scored by the entire coaching staff. Evaluation “scores” will not be shared.
- All coaches and director are involved in the team selection process, the head coach for each team has the final say.
- Player interview forms are part of the tryout process and weighed in conjunction with their tryout performance.
- Upon request we will happily provide player feedback through email should a player not be offered a position. We support this process in support player education and this can be a helpful tool to achieve desired goals. We ask for 2- 3 weeks for our response as this is a very busy time for our staff.

“OFFERS” and TEAM CONSTRUCTION

- RMR has a recruiting policy RMR 2019- 2020 Recruiting Policy that you are encouraged to read as it protects the players and families from having to make on the spot decisions during the recruiting period. PLEASE Report any club that is not abiding by this policy to RMR Volleyball to help us protect you and your friends.
- Players may or may not be presented with a verbal offer of a roster position during the tryout. Written contract offers will be sent out as soon as allowed by the RMR recruiting policy.
- Players not initially offered contracts may be “next in line” should a position be declined. When this occurs, the player will be contacted by the Director. We encourage those not initially offered a position to remain somewhat hopeful for the week following the tryout.
- Teams are built by position (Best OH, Best Setter, etc.), contract offers are not for specific positions on a team.
- Players that have played for a LBC coach previously are not guaranteed a spot on any team and are not guaranteed to make the same team as last season. It is a new, equal opportunity to earn a spot on any team.

LBC Volleyball Registration

Bib #		RMR Membership Number	
Player Name:		Player Phone #:	
Player Email:		Gender:	Female / Male
Player Address:		Class of:	
		Birth Date:	

Parent Info:

Primary Contact Name:			
Address:		Relationship to player:	
Email:		Mobile #	
Second Contact Name:			
Address:		Relationship to player:	
Email:		Mobile #	

I, the participant or legal parent/guardian, hereby agree to, or grant permission for my child to participate in LBC Volleyball organized activities. I understand that sports/athletics is inherently vigorous and involves numerous physical demands and may involve contact, and therefore may cause injury. I furthermore certify and understand that I am, or my child is, physically fit and in good physical health and able to participate in LBC Volleyball organized activities. I understand that all attempts will be made to contact me or my emergency contact; however, in the event that either cannot be reached I hereby authorize the staff of LBC Volleyball to secure any and all medical treatment for me or my child. I further authorize any attending physician to render any and all medical care which may be deemed necessary. I do hereby release and forever discharge and agree to indemnify LBC Volleyball, their directors, coaches, staff, and the owners of any fields, facilities, and equipment suppliers used, from liability for any personal injury or illness, damage, or loss incurred while participating in LBC Volleyball organized activities. I understand that I will be financially responsible for any and all damages to event host facility and equipment that are determined to be my fault.

Parent/Guardian Signature

Date

LBC Volleyball Use only	
Registration Documents	
Birth Certificate/ Passport Copy	
RMR Player_Medical_Release	
RMR Membership ID Copy	

LBC Volleyball - Player Interview

Name: _____

- Do you understand playing time in tournaments is a privilege not a right? Yes_____ No_____
- Do you understand practice time is for coaches and players to work on development and that practices are mandatory and are you prepared to make the full commitment to your team for the entire season, included activities scheduled during spring break and the holidays? Yes_____ No_____
- Do you understand that it is okay to miss a practice if you are sick, have an emergency, or need time to catch up on life and that all you need to do is work with coach as soon as possible in advance of the practice and that doing so helps the coach, team, and possibly you? Yes_____ No_____
- Do you understand that minor and major injuries are possible when practicing or playing volleyball? Yes_____ No_____
- Is your family prepared to meet the financial terms of the club dues as well as the additional expenses (family/ player travel to local events, family hotels when needed, team/ family food at events, etc.) to support club activities?
Yes_____ No_____
- Do you and your family understand that if offered a contract and you accept that contract you are unable to change volleyball clubs for the season and are obligated to fulfill the terms of the contract? Yes_____ No_____
- Have you ever quit a team during the season? Yes_____ No_____
- Do you and your parents feel that you are prepared for a competitive practice and competition environment?
Yes_____ No_____

Are you aware that LBC Volleyball:

- has a culture that is focused on the player and person, both on and off the court.
- encourages and enables our players and staff to educate themselves and to build and maintain positive attitudes.
- Always expects players and staff to commit to each other and to put forward the best possible effort for the team and club.
- we always demand open and honest communication.

Why are you good fit in this culture?

Why should LBC Volleyball offer you a position on a team?

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