

Grand Strand Juniors 2021 Season

Paid _____ # _____

Tryout Information Sheet (bring form to tryout)

Age Division _____

Athlete's Name _____ Date of Birth ____ / ____ / ____

Address: _____ City _____ ST _____ Zip _____

Email _____ School: _____

Parent Name _____ Phone _____

Parent Email _____ Player: Shirt size _____ Shorts _____

Please check your volleyball experience:

____ New to volleyball ____ Rec league ____ Middle ____ JV ____ Varsity

Have you played with GSJ before? _____ Team _____

Do you play other sports _____ If so, what? _____

Would it conflict with club volleyball? _____

Describe any conflicts that may occur with club volleyball: _____

What level of team do you wish to play for at GSJ? (Placement depends on our tryouts)

Development: _____ Regional: _____ National: _____ Coast United: _____

If selected for a Regional team

Select your preferred practice location: _____ Conway, _____ Myrtle Beach

____ Please check if you are trying out for more than one club.

List club(s) _____

Bring form to your tryout along with the \$30 (one time) tryout fee.

After tryouts – Players will be placed on the team the coaches feel they are best suited for. Most likely a player will be on a team that meets her age group. Once selected for a team, players will have 48 hours to accept or decline the position on the team. A final team announcement will then be made.

Thanks for trying out with GRAND STRAND JUNIORS!

www.grandstrandjuniors.com



JVA
RELEASE OF LIABILITY
2020-2021

READ BEFORE SIGNING

Organization/Club/Team Name: Grand Strand Juniors

Participant Name:

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activities involved in this program is significant...
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown...
3. I willingly agree to comply with the stated and customary terms and conditions for participation...
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE (JVA) Junior Volleyball Association...

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of this athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19...
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown...
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases...
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees...

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.

X Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X Parent/Guardian Signature Date Emergency Phone Number(s)

If you are a coach, event staff, or official, please check here:





JVA Medical Release and Waiver Form 2020--2021

Permission to Treat & Emergency Information Form must either be carried to JVA authorized Event, Competition and Practices or on file at SportsEngine. The form MUST be completed legibly and signed in all areas by both the player and his/her parent or guardian.

BY SIGNING THIS FORM THE PARTICIPANT AND GUARDIAN AFFIRMS HAVING READ IT.

Organization/Club/Team: Grand Strand Juniors

Participant Name: _____

E-mail: _____ Phone: _____ - _____ - _____

Address: _____

City: _____ St. _____ Zip: _____

Participant as named above has my permission to participate in training, competition, events, activities and travel sponsored by JVA member club. I approve 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 below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: _____

Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE JVA, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "JVA.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD'S PARTICIPATION IN ANY JVA INSURED CLUB, PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to JVA insured member club to treat participant or arrange for medical care or treatment for child in any situation deemed reasonably necessary by JVA insured member club. If circumstances permit, JVA member club shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact: _____
Name/Relationship _____ Phone: _____ - _____ - _____

Secondary Emergency Contact: _____
Name/Relationship _____ Phone: _____ - _____ - _____

In the event neither emergency contact can be reached; or if the urgency of the situation requires immediate attention without prior telephone contact, JVA insured member club may arrange for medical treatment for the participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____

Policy Number: _____

Address: _____ Phone: _____ - _____ - _____

City: _____ St: _____ Zip: _____

In order to seek appropriate medical care or treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter "none")

Heart disease or other: _____ (please specify, enter "none")

Any other conditions, symptoms or disability, which would or might affect medical care or treatment or participation in the JVA program: _____

Signature of Custodial parent or court apt. Guardian: _____

Date: _____

Best Email Contact: _____

~~IF REQUIRED BY THE PARTICIPATION STATE (FLORIDA):~~

~~not required in SC~~

~~STATE OF _____ COUNTY OF _____ SWORN
TO BEFORE ME, a Notary Public, by said _____ personally
known to me this _____ day of _____, 20_____.~~

~~_____
(Notary Public)~~

~~My Commission Expires _____~~