

**USA VOLLEYBALL FOREIGN TEAM TOURNAMENT
REGISTRATION SUMMARY FORM
2009-2010 SEASON**



USA Volleyball

TOURNAMENT:
DATE(S):
REGION:

TEAM NAME:
DIVISION OF PLAY:
NATIONAL FEDERATION AFFILIATION:

ROSTER: (LAST, FIRST) INCLUDES PLAYERS, COACHES AND SUPPORT STAFF	ALL	ALL	JRS	JRS	CANADIAN
	a. REG. FORM	b. CODE/WAIVER	c. MED RE-LEASE	d. AGE PROOF	e. PROOF OF INSURANCE
1.					
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15.					
Additional team members may be listed on page 2.					

READ AND SIGN ALL FORMS. THE PARTICIPANT'S AND PARENT/GUARDIAN'S SIGNATURES ARE REQUIRED ON ALL FORMS.

1. All persons listed on the roster must provide each of the following forms:
 - a) Foreign Team Individual Tournament Registration Form and b) Code of Conduct / Waiver & Release (Pg 2)
2. All Juniors listed on the roster must also provide the following items:
 - c) Consent for Medical Treatment and Release and d) Proof of Age
3. Canadian teams must provide (e) proof of 24 hour medical insurance coverage while in the United States in order to qualify for the insurance fee waiver.
4. Tournament Director shall send original copies of all forms and the insurance fee(s) to the National Office. Make checks payable to USA Volleyball (\$100 per team).
5. Copies of all documentation should be retained by the Foreign Team and the Tournament Director/Region.

Tournament Director Signature _____	Date: _____
National Office: Date Received: _____	

FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM – page 2

TEAM NAME:
DIVISION OF PLAY:
NATIONAL FEDERATION AFFILIATION:

Additional tournaments and additions to the roster (after participation in the first tournament) should be listed below.

2. TOURNAMENT: _____

DATE(S): _____ REGION: _____

3. TOURNAMENT: _____

DATE(S): _____ REGION: _____

4. TOURNAMENT: _____

DATE(S): _____ REGION: _____

5. TOURNAMENT: _____

DATE(S): _____ REGION: _____

6. TOURNAMENT: _____

DATE(S): _____ REGION: _____

Roster additions require an additional insurance fee of \$10 per person.

DATE ADDED	ROSTER ADDITIONS: (LAST, FIRST) INCLUDES PLAYERS, COACHES AND	ALL	ALL	JRS	JRS	CANADIAN
		a. REG. FORM	b. CODE/WAIVER	c. MED RE-LEASE	d. AGE PROOF	e. PROOF OF INSURANCE
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