

"Train a child in the way he should go, and when he is old he will not turn from it" Proverbs 22:6



2020 - 2021 Club Season Athlete Registration Packet

Athlete's Name: _____



Checklist for 2020 - 2021 Club Season

You will need to complete all the forms listed below before you can participate in the tryouts.

Athlete Name: _____

AAU Documents:

_____ Print and Fill out the Florida AAU Volleyball/Program Medical History and Release Form. **This form needs to be notarized before the Tryouts day.**

ST7 Forms to Sign

_____ Print and Fill out the ST7 Player Information Sheet

_____ Print and Fill out the ST7 Photo & Video Release Form

Online Forms to Complete

_____ Complete the online waiver and liability form for all athletes and guests *unless already completed for training this summer.

_____ Complete online registration booking 2 days before the session starts.

Others:

_____ Bring a Copy of the athlete's Birth Certificate *2019 - 2020 ST7 Club Members may disregard this requirement

_____ Bring Tryout Fee Payment *check or cash preferred but credit card will be accepted.
Pre-registered: \$50. Walk-in Fee: \$65

Tryout packet will NOT be accepted without ALL these documents. If you have any questions or concern, please do not hesitate to contact us:

407-493-1900 *st7volleyball@gmail.com * www.st7volleyball.com

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FLORIDA AAU VOLLEYBALL PROGRAM

MEDICAL HISTORY AND RELEASE FORM

It is recommended that this form be carried with the coach during all training and competitions. Please complete all sections of this form. Both the player and his or her parent/guardian must sign in all appropriate areas. By signing this form, the participant and parent/guardian affirms they have read and understand it.

LAST NAME FIRST NAME MI (CIRCLE ONE) M F

STREET ADDRESS

CITY STATE ZIP CODE

/ /
BIRTH DATE AGE SOCIAL SECURITY NO. AAU MEMBERSHIPS NO.

TEAM NAME DIVISION HEIGHT WEIGHT

The Participant, _____, has permission to participate in the AAU Junior National Volleyball Program. I certify that the participant has full medical insurance with the company listed below and is physically fit to engage in the activities of the program. I approve the leaders and coaches of this program and recognize that they will serve to the best of their ability.

MUST SIGN: _____ Date: _____
PARTICIPANT SIGNATURE

MUST SIGN: _____ Relationship: _____
PARENT/GUARDIAN SIGNATURE

Print Name: _____ HOME PHONE _____ WORK PHONE
PARENT/GUARDIAN

STREET ADDRESS CITY STATE ZIP

INSURANCE COMPANY GROUP POLICY # DOES THIS POLICY COVER SPORTS RELATED ACCIDENTS?
(CIRCLE ONE) YES NO

MEDICAL RELEASE:

If my son or daughter should become ill or sustain an injury during his or her activities of the volleyball program, I hereby authorize you to obtain emergency medical/dental care.

SIGN: _____ Date: _____
PARENT/GUARDIAN SIGNATURE

I do not authorize emergency medical/dental care for my son or daughter.

SIGN: _____ Date: _____
PARENT/GUARDIAN SIGNATURE

MEDICAL HISTORY

	<u>YES OR NO</u>		<u>DATE</u>	<u>PLEASE SPECIFY</u>
ALLERGIES	Y	N		
ASTHMA	Y	N		
DIABETES	Y	N		
EPILEPSY	Y	N		
HEADACHES	Y	N		
HEART	Y	N		
KIDNEY DISEASE	Y	N		
MOTION SICKNESS	Y	N		
INJURIES:				
ANKLE	Y	N		
KNEE	Y	N		
BACK	Y	N		
HEAD/NECK	Y	N		
SHOULDER	Y	N		
ELBOW	Y	N		
WRIST	Y	N		
HAND	Y	N		
FINGER	Y	N		
OTHER	Y	N		

IMMUNIZATIONS (please state month and year):

Tetanus _____ Polio _____ Measles (Rubella) _____

Is the participant taking any medications? _____NO _____YES

If yes, please name the drug(s), dosage and frequency needed:

Is there any psycho-social or physical condition for which the participant is currently under professional care?

_____NO _____YES

Please list any injuries the participant has suffered in the last two months: _____

Elaborate on any other medical conditions: _____

STATE OF _____

COUNTY OF _____

SWORN TO BEFORE ME, A NOTARY PUBLIC, BY SAID _____ PERSONALLY

KNOW TO ME THIS _____ DAY OF _____, 20____.

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____



Player Information Sheet

(Please fill out this form completely. Write legibly with ink. This form must be turned in at tryouts.)

Athlete's Name: _____ Birth date: _____ Age: _____

Address: _____

City: _____ Zip: _____ Home Phone: (____) _____

Athlete's Email: _____

Athlete's Cell # _____

Mother's Information

Name: _____

Occupation: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ OK to contact @ work Y N

Email Address: _____ Include in group email list? Y N

Father's Information

Name: _____

Occupation: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ OK to contact @ work Y N

Email Address: _____ Include in group email list? Y N

With whom does the athlete reside: Mother Father Both

The party that is responsible for payment: Mother Father Both

School: _____ Grade: _____ Graduation Year: _____

SAT Score _____ ACT Score _____ Years played in school _____

Years Played Club: _____ Club Name: _____

Position(s) Played: _____

Actual Age Division: _____ Playing Age Division: _____ Team: _____

Height: _____ Weight: _____ Right or Left Handed?

Clothing Sizes: Uniform # desired: 1st choice ____ 2nd choice ____ 3rd choice ____

Uniform Jersey ____ Practice Shirt ____ Spandex ____ Knee pads ____ Warm Up Shirt ____

Warm Up Pant ____ Shoes ____

By filling out the above questions, please be aware that you are authorizing ST7 Volleyball to use information, as ST7 Training Center, LLC deems appropriate, in various publications.



PHOTO & VIDEO RELEASE FORM

AUTHORIZATION TO USE: Photographs/ Internet/ Website/ Video/
Media Release/ Full Name & Statistics Form

Throughout the volleyball club season and other ST7 programs, ST7 Training Center LLC, also known as ST7 Volleyball, will be taking photos and/or videos of the athletes. We would like to include photos and videos from this club season and other ST7 programs on our website, social media pages (Instagram, Facebook and Twitter), player profile pages, and in marketing collateral such as brochures and other printed material. In addition, there may be times when local newspapers or other media would like to take photos and/or video of club activities or we may submit photo, video, and/or write-ups to these organizations.

We will also take group photos and/or video during the club season and other ST7 programs that will be available for athletes/parents to purchase during the season and may be used on our website and social media pages (Instagram, Facebook and Twitter).

If you have any question, please do not hesitate to contact Samuel Torres, ST7 Director at 786-479-8237 or Nailybeth Morales, ST7 Administrative Director at st7volleyball@gmail.com. Parents must sign this form and return with registration material at try-out or other ST7 programs.

I _____, hereby authorize _____
or do NOT authorize _____ ST7 Training Center, LLC to use, reproduce and/
or publish all written and/or visual materials, including, photographs and video of
my child _____.

Signature

Date