

FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM

TOURNAMENT	TEAM NAME
DATE(S)	DIVISION OF PLAY
REGION	NATIONAL FEDERATION

	ALL	Juniors Only	Juniors Only	Canadian Participant
Roster (Last Name, First Name) Includes Players, Coaches and Support Staff	Registration Form	Medical Release	Proof of Age	Proof of Insurance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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:

- Foreign Participant Registration Form (all signatures are required)

2. All Juniors listed on the roster must also provide the following items:

- Consent for Medical Treatment and Release
- 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 originals 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 _____ Date _____

FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM

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.

TOURNAMENT _____

DATE(S) _____ REGION _____

TOURNAMENT _____

DATE(S) _____ REGION _____

TOURNAMENT _____

DATE(S) _____ REGION _____

TOURNAMENT _____

DATE(S) _____ REGION _____

TOURNAMENT _____

DATE(S) _____ REGION _____

TOURNAMENT _____

DATE(S) _____ REGION _____

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

		ALL	Juniors Only	Juniors Only	Canadian Participant
Date added	Roster (Last Name, First Name) Includes Players, Coaches and Support Staff	Registration Form	Medical Release	Proof of Age	Proof of Insurance
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				