

# 2019 Junior Lancer Volleyball Registration Packet Checklist

**Registration is from April 1<sup>st</sup> – April 30<sup>th</sup>**

Welcome to Junior Lancer Volleyball!! This packet will assist you in registering your daughter for the 2019 Junior Lancer Volleyball season. Please use the following checklist as you go through this year's registration process. Your daughter will ONLY be considered registered when ALL the following items have been completed and returned. You can turn in the complete packet at the Parent Meeting on April 10<sup>th</sup>, or during the forms and fees night on May 1<sup>st</sup>. The only exception will be the Badger Region Membership, that is due by the first night of Assessments which is May 13<sup>th</sup>.

- Online registration
- Badger Region Membership (Becomes available on May 1<sup>st</sup> for those that need one. See Notes Below.)
- Junior Lancer Uniforms/Fees Form
- Parent Code of Conduct Form
- Player Code of Conduct Form
- Medical Release Form
- Concussion Form

***Assessments are May 13th & 15th***

***Practices Start Mid-August***

***Games Start early September***

# Online Registration:

Please register each player using the following google form:

<https://forms.gle/YmGKNWW33AS3d2Up7>

## Badger Region Membership:

The BRYVL uses the Badger Region/USA Volleyball registration system (Webpoint). Players and coaches must register through this system for the 2019 BRYVL unless you were involved in club volleyball during the 2018-19 season and have a current Badger Region/USA Volleyball membership. **You do not need to register again!**

The BRYVL specific membership is only good for the BRYVL season ending October 31st and **cannot** be upgraded into a full USAV membership.

**BRYVL Registration will be open May 1 to August 15.**

Any player or coach who does not have a current membership with Badger Region/USA Volleyball must do the following prior to participation:

- 1) If you (coach or player) have never been a member of Badger Region/USA Volleyball:
- 2) Go to: <http://badgervolleyball.org/register-with-badger-region-usav/>
- 3) Select: New Members (click here to register)
- 4) Enter the information of the member on the first page, click continue. On the second page, choose "BRYVL and the school associated (ie Junior Lancers or Junior Trojans, etc)" as your club (upper right side of page) and choose "Badger- BRYVL Youth Membership" or "Badger -BRYVL Adult Membership" as your membership type. Both memberships cost \$15.

On the third page, pay by credit card and read and accept all waivers. Click to submit the application. Minors will need parental approval. Print your membership card (tab on left when logged in) and give it to your program leader as proof of membership prior to your tryout. All athletes must be members before stepping on the court.

If you (coach or player) have been a member of Badger Region/USA Volleyball in the past, but are not a current member with a valid membership:

- 1) Go to: <http://badgervolleyball.org/register-with-badger-region-usav/>
- 2) Select: Renewing/Upgrading/Current Members (click here to register)
- 3) Login with your information (if you don't remember your username or password contact [sara@badgervolleyball.org](mailto:sara@badgervolleyball.org)). If you have not used this website before (no one has prior to the 2010 club tryout season), you will need to "Request A Login" (click tab on the left). Enter your information. Once submitted, you will be given a username and password.

Once logged in, verify your personal information on the first page and click continue. On the second page, choose "BRYVL and the school associated (ie Junior Lancers or Junior Trojans, etc)" as your club (upper right side of page) and choose "Badger-BRYVL Youth Membership" or

Badger-BRYVL Adult Membership" as your membership type. Both memberships cost \$15. (Coaches: under "Junior Program Roles" please select "coach." You will then be prompted for a background screen for \$18 later in the process.) On the third page, pay by credit card and read and accept all waivers. Click to submit the application.

Minors will need parental approval. Print your membership card (tab on left when logged in) and give it to your team leader as proof of membership prior to your first practice.

Once you have this completed, please fill in your daughters Badger Region Membership using the following google form. This task is due by the Assessment Night (May 13<sup>th</sup>). Your daughter will NOT be able to be assessed unless she can provide us a valid Badger Region Membership.

<https://forms.gle/Ye4vnJQB74kmJD1R9>

# Junior Lancer Uniforms/Fees Form:

All players are required to pay the Club Fee.

Player's Name:

Player's Grade:

ITEM	Cost	Check made out to <b>JLVB</b>
JLVB Fee	\$275	\$275
Total (Check#)		

## Uniform and Balls

New Players will need to purchase a new volleyball based on grade. Returning 7<sup>th</sup> grade players will need to purchase a new volleyball (due to the change in volleyball weight). Each player **MUST** bring a ball to each practice.

Please use the following link to purchase a uniform and ball.

<https://bsg.chipply.com/jrlancervolleyball>



# Parent Code of Conduct

The parents of the Jr. Lancer Volleyball program, should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a Jr. Lancer Volleyball program event and shall conform my behavior to the following code of conduct:

- I will not contact a coach immediately after a game, I will wait 24 hours in order to insure a better interaction
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other Jr. Lancer Volleyball program event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all Jr. Lancer Volleyball program events.
- I will remember that the game is for youth – not adults.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a Jr. Lancer Girls Volleyball program event I will be subject to disciplinary action, including but not limited to the following in any order or combination:

1. Verbal warning issued by Jr. Lancer Volleyball program
2. Written warning issued by Jr. Lancer Volleyball program
3. Suspension or immediate ejection from Jr. Lancer Volleyball match / program
4. Season suspension or multiple season suspension issued by a Jr. Lancer Volleyball program official.
5. A request from a Jr. Lancer Volleyball program official to withdraw my daughter from the program.

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Father or Guardian Name Print

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Signature

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Date

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Mother or Guardian Name Print

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Signature

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Date



# JR. LANCER VOLLEYBALL

## Player Code of Conduct

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**As a member of the Jr. Lancer Girls Volleyball program, I agree to follow the following code of conduct:**

I will exhibit good sportsmanship at every game, practice, tournament, or any function where I am representing Jr. Lancer Volleyball.

I will be supportive of my teammates. I realize this is a team sport and will work with my teammates to encourage improvement of skills and team play.

I will listen to the coaches at all times. I will listen to and use the instruction given to me by the coaches to improve my game.

I will attend all scheduled practices and games. If I am going to miss a practice or a game I will give my coach appropriate notification of my intended absence.

I will be respectful of my teammates, coaches, adult volunteers, referees, opponents and their fans. I will use respectful language and will not speak negatively to or about any of the people mentioned above.

I will avoid the use of foul language at all times. This includes swear words, profane language and/or negative comments.

I will not use cell phones, Ipods or any other texting devices during any game, practice or other volleyball function.

I expect a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all times.

**I understand that my failure to follow any of the commitments listed above will lead to reduced playing time and possible expulsion from the Jr. Lancer Volleyball program.**

Player Name(Print) \_\_\_\_\_

Player Grade Level \_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## 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: \_\_\_\_\_

Male  Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**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

# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Athletes

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

### What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

### COMMON SYMPTOMS OF A CONCUSSION:

**Tell someone if you see a teammate with any of these symptoms:**

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

**Tell someone if you feel any of the following:**

#### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.



Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention



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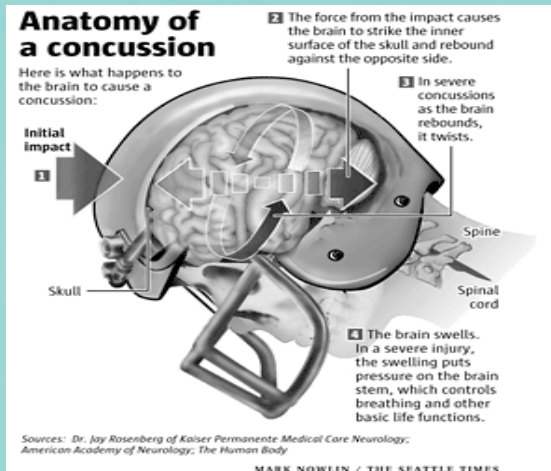




\*Wear the proper equipment for each sport and make sure it fits well.

\*Follow the rules of the sport and the coach's rule for safety.

\*Use proper technique.



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

## What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

## Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

## Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)



# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Parents

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

### SIGNS AND SYMPTOMS OF A CONCUSSION

#### SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

#### SYMPTOMS REPORTED BY YOUR CHILD

##### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

##### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

##### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

##### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



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# DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

## What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

To learn more about concussions go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)





# PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_ Date \_\_\_\_\_



125 South Webster Street,  
PO Box 7841,  
Madison, WI 53707-7841

PHONE 608-266-3390  
TOLL FREE 800-441-4563  
WEB SITE <http://www.dpi.wi.gov>



# Questions and Contact Information

Related to Concussion Law 2011 – Wisconsin Act 172

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

**Check all that apply** *(This document must be completed at the beginning of every athletic season)*

I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_
2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

## Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please complete this form and return to the person operating the youth athletic activity.**