



## FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM

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

	ALL	ALL	Coaches Only	Team
Roster (Last Name, First Name) <i>Include Players, Coaches and Support Staff</i> <i>If adding players to roster after 1<sup>st</sup> tournament, use 2<sup>nd</sup> page</i>	Registration Form	Proof of Age	Coaching Certification	\$100 Insurance Payment
<b>Team's \$100 Foreign Team Insurance</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**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)
  - Proof of Age
2. Junior Rostered Head Coaches must provide proof of coaching certification equivalent to IMPACT
3. Canadian teams must provide Letter of Good Standing from Volleyball Canada to qualify for the insurance fee waiver. (Open National Championships- proof of 24-hour medical insurance coverage while in the United States will work in place of Letter of Good Standing)
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 \_\_\_\_\_

Date added	Roster (Last Name, First Name) Includes Players, Coaches and Support Staff	ALL Registration Form	All Proof of Age	Coaches Only Coaching Certification	Insurance Fee \$10/addition
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				