

**NAME OF EVENT:** \_\_\_\_\_ **EVENT DATES:** \_\_\_\_\_ **EVENT SANCTION #** \_\_\_\_\_

THE NAME AND SPECIALTY OF EACH DOCTOR/PHYSICIAN AND ALL OTHER HEALTHCARE PROVIDER MUST BE LISTED IN ORDER FOR COVERAGE TO APPLY.

	PRINT NAME	SPECIALTY - CHECK ONE:	
		DOCTORS/ PHYSICIANS*	ALL OTHERS HEALTHCARE**
		(SEE DESCRIPTIONS BELOW)	
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>
21		<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/>	<input type="checkbox"/>
26		<input type="checkbox"/>	<input type="checkbox"/>
27		<input type="checkbox"/>	<input type="checkbox"/>
28		<input type="checkbox"/>	<input type="checkbox"/>
29		<input type="checkbox"/>	<input type="checkbox"/>
30		<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>			

*DOCTORS/PHYSICIANS AND ALL OTHER VHEALTHCARE PROVIDERS MUST BE LICENSED (IN GOOD STANDING) FOR COVERAGE TO APPLY.*

*\*DOCTORS SHALL INCLUDE ALL MEDICAL PRACTITIONERS, RESIDENT PHYSICIANS, CHIROPRACTORS AND OTHER LICENSED PHYSICIANS IN ALL SPECIALTIES.*

*\*\*ALL OTHER VHEALTHCARE PROVIDERS SHALL INCLUDE PHYSICIAN ASSISTANTS (PA), NURSES, EMERGENCY MEDICAL TECHNICIANS (EMT), PARAMEDICS, ATHLETIC TRAINERS, PHYSICAL THERAPISTS, AND MASSAGE THERAPISTS.*

**READ & SIGN:** I UNDERSTAND THAT THE INSURANCE COMPANY WILL RELY ON THE INFORMATION CONTAINED IN THIS FORM AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT.

**NAME OF EVENT ORGANIZER/REPORTING PARTY:** \_\_\_\_\_

BY CHECKING THIS BOX, I AGREE THAT I AM THE ABOVE LISTED PARTY.

**PAYMENT INFORMATION:**

EVENT NAME: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

EVENT SANCTION #: \_\_\_\_\_

EVENT ORGANIZER/REPORTING PARTY: \_\_\_\_\_

**TOTAL COST SUMMARY:**

TOTAL # OF PHYSICIANS :	
TOTAL # OF ALL OTHER HEALTHCARE PROVIDERS :	
<b>\$56.00 x # OF PHYSICIANS =</b>	<b>\$</b>
<b>\$20.00 x # OF ALL OTHER HEALTHCARE PROVIDERS =</b>	<b>\$</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$</b>

**PAYMENT PREFERENCE:**

**CHECK:** PLEASE MAKE CHECK PAYABLE TO **USA Volleyball**. ENCLOSED IS CHECK # \_\_\_\_\_ FOR \$ \_\_\_\_\_

**CREDIT CARD:** IF YOU ARE MAKING YOUR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

VISA     MASTERCARD

CARD NUMBER: \_\_\_\_\_

REFERENCE NUMBER (LAST 3 DIGITS ON BACK OF CARD): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

I AUTHORIZE USA VOLLEYBALL TO CHARGE MY PAYMENT TO MY CREDIT CARD IN THE AMOUNT OF \$ \_\_\_\_\_

PRINT NAME (AS ON CARD) \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

**MAILING INSTRUCTIONS:**

**PLEASE MAIL YOUR COMPLETED ENROLLMENT FORM WITH PAYMENT TO:**

**USA VOLLEYBALL**  
20501 Earl Street, Suite 3  
Torrance, CA  
90503

**PHONE:** (719) 228-6800

**FAX:** (719) 228-6899

**EMAIL:** amber.scott@USAV.org

*ENROLLMENT FORM AND PREMIUM MUST BE POSTMARKED WITHIN **48 HOURS** AFTER THE COMPLETION OF THE EVENT.*