



Dear Athlete,

Congratulations on your selection for the Team USA Select Program! USA Roller Sports, the National Governing Body for Inline Hockey, has recognized you as an All-American, All-Tournament athlete who received votes for this honor at the AAU Junior Olympics or the USARS USA Championships, or as an athlete who received individual honors during the National Cup Series, the Winter Nationals, High School Nationals, or the West Coast Championships. The Team USA Select Tryout for your location and age is attached. A Selection Committee will choose ten skaters and two goalies from the Select Tryouts to compete in the International Divisions of the AAU Junior Olympic Games in July of 2009 in Philadelphia, Pennsylvania.

Housing information for Team USA Select Tryouts will be posted on the Junior Prospects website: www.teamusajrprospects.com.

The cost of the Team USA Select Tryout is \$150.00. This fee includes your USARS membership/insurance for September 1, 2008 through August 31, 2009.

Enclosed you will find forms for the Team USA Select Tryouts. Athletes who qualify for the team will receive the commitment/international division/apparel paperwork by e-mail after the Tryout. The cost of participating in the International Division and the Team USA select apparel package will be \$195.00.

Please fill out the enclosed forms and return them to the USARS office by fax at 402-483-1465, or by mail to Team USA Select Tryouts, 4730 South Street, Lincoln, NE 68506. Checks or money orders must be made out to USA Roller Sports. If paying by credit card please include the attached credit card authorization form. You will receive an e-mail confirmation after the application has been processed by our accounting department.

For further tryout information, contact your zone representative (see attached list). For registration questions contact Peggy Young at 402-483-7551 or by e-mail at pyoung@usarollersports.org. Other important web-sites for information: www.teamusajrprospects.com and www.usarollersports.org. For AAU Junior Olympic information, block schedule and hotel information go to: www.aauhockey.org.

Tryout Refund Policy

ABOSLUTELY NO REFUNDS, unless an athlete is physically injured and our office is provided with a written doctor's note before the tryout.

Thank You,
Keith Noll
USARS Hockey Committee
knoll@usarollersports.org

Jon Roux
USARS Hockey Committee
jroux@usarollersports.org



4730 South Street • Lincoln, NE 68506
T: 402.483.7551 | F: 402.483.1465 • www.usarollersports.org





Regional Tryouts	Age Groups	Dates	Locations
Team Southwest	12U,14U,16U	5/15 – 5/17/09	Colorado Springs, CO
		5/2/09	Las Vegas, NV
		3/28/09	Phoenix, AZ
		5/2/09	Idaho
Team Northwest	14U	4/19/09	San Jose, CA
	16U	4/26/09	San Jose, CA
	10U & 12U	Contact zone rep for more Information	
Team South	10U, 12U,14U,16U	5/2/09	Richmond, VA
Team North	10U, 12U, 14U, 16U	5 / 9 / 09	Pittsburgh, PA
Team East	14U & 16U	5 / 2 / 09	Philadelphia, PA
	10U & 12U	5 / 9 / 09	Philadelphia, PA
Team West	12U, 14U, 16U	4 / 18 / 09	Huntington Beach, CA
	10U & 18U	Contact zone rep for more Information	
U18 Team	90's & 91's	5 / 16 / 09	Pittsburgh, PA
U21 Team USA	87 / 88 / 89	5 / 16 / 09	Pittsburgh, PA

Tryout schedules, hotel and rink information will be posted at:

www.teamusajrprospects.com

Please fax paperwork with payment or mail to:

402.483.1465 - fax

Team USA Select Tryouts

4730 South Street

Lincoln, NE 68506



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**Team USA Select Tryouts
Credit Card Authorization Form**

Instructions:

- 1) Complete Form
- 2) Sign where indicated
- 3) Submit by mail or fax with page 2 of packet

Cardholder Name: _____

Email Address: _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount: \$ _____

Credit Card (choose one): () Mastercard () Visa () Discover () American Express

Card Number: _____

Expiration Date: _____

Billing Address (where credit card statements are sent):

Cardholder Signature

Date





Team USA Select Tryout Zone Representatives

Team Southwest	Dave Fromm	719-306-5141	dangl77@yahoo.com
Team Northwest	Dave Inouye	408-426-1786	sportcrze@aol.com
Team South	Jon Roux	412-826-0800 x 18	jroux@usarollersports.org
Team North	Jon Roux	412-826-0800 x 18	jroux@usarollersports.org
Team East	Chalie Sgrillo	267-549-6332	nerchockey@yahoo.com
Team West	Jeff Prime	562-682-1477	jeff@c2chockey.com
18U Team	Jon Roux	412-826-0800 x 18	jroux@usarollersports.org
21U Team USA	Jon Roux	412-826-0800 x 18	jroux@usarollersports.org

Please contact your zone representative above if you have any questions regarding the select tryouts.



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**VERIFICATION OF BIRTH DATE REQUIRED
TO ESTABLISH COMPETITIVE AGE
IN THE USA ROLLER SPORTS MEMBERSHIP DATA BASE**

Full membership in USA Roller Sports requires verification of competitive age for those registering for their first time, as noted on the application. Once your competitive age is established, it is never again necessary to provide this information.

Acceptable forms of verification include a copy of any *one* the following:

- Birth Certificate
- Driver's License
- School ID
- Insurance Card with Date of Birth
- Face page from passport

Please fax, mail or scan and e-mail a clear copy so we can assure your name is in our membership data base. If you have any questions regarding this, please contact Kevin Kmetz at our phone number below, or by e-mail at kkmetz@usarollersports.org.

Thank you.



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T: 402.483.7551 • F: 402.483.1465 • www.usarollersports.org





USA Roller Sports
4730 South Street, PO Box 6579
Lincoln, NE 68506
402.483.7551 phone 402.483.1465 fax

INDIVIDUAL MEMBERSHIP REGISTRATION

2008-2009 COMPETITIVE SEASON

IMPORTANT: HOW TO USE THIS FORM

1. Please retain a copy for your records.
2. First time applicants must include birth verification.
3. Social Security number is required to initiate secondary/excess accident insurance.
4. A club officer must verify applicant's membership with a signature.
5. In addition to applicant signature, a parent or guardian must sign waiver if applicant is under the age of legal majority.

OPTIONAL INFO FOR PUBLIC RELATIONS DEPARTMENT

Future Goals: _____
 Hometown Newspaper: _____
 Name of Coach: _____

PLEASE PRINT

LAST NAME															FIRST NAME										MI		SOCIAL SECURITY #									
ADDRESS																																				
CITY															STATE										ZIP CODE+FOUR											
AREA CODE AND PHONE NUMBER															SEX		DATE OF BIRTH										EMAIL ADDRESS									

CIRCLE APPROPRIATE MEMBERSHIP CATEGORY (ALL CARDS \$55 UNLESS OTHERWISE INDICATED):

SPEED	FIGURE	HOCKEY	NONCOMPETITIVE	RECREATION	AGGRESSIVE	MATCH LEVEL MEMBER
Inline	Singles/Pairs	Hardball	Club Officers	Jam	Skateboard	for World Team Travel
Quad	Dance	Inline	Non Competing Officials	Fitness	Extreme Inline	____ YES, enroll me!
	Figures	Select			Roller Derby (women & juniors)	Details on back.
	Precision	House \$30			Roller Derby (men) \$65	

CLUB NAME	FACILITY NAME	CITY	STATE
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SIGNATURE OF CLUB OFFICER VERIFYING MEMBERSHIP	CLUB ID
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WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK AND/OR PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in the USA ROLLER SPORTS (USARS) sports programs and related events for the 2008-2009 season, September 1, 2008 through December 31, 2009 the undersigned agrees:

1. I, the undersigned, do affirm the registration information above is correct and truthful and hereby make application to USARS for amateur registration with which to identify myself at sanctioned competitions, exhibitions and other appropriate occasions. I further agree to abide by the rules and regulations of USARS during the terms of this registration and agree to observe the Amateur Code of Conduct, in spirit as well as in letter, upholding the high ethics of amateur roller skating.
2. I understand dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in these activities. I understand the nature of USARS' activities and believe that I (or my minor child) am/are qualified and physically fit to participate in roller skating competitions and practices. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public. As a skater, parent or legal guardian, I further agree and warrant that prior to participating in any event I will inspect the facilities to be used and if believing conditions to be unsafe, I will immediately advise my coach or the meet director of this condition and refuse to participate unless corrected.
3. I fully understand that USARS' activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death, and economic losses which might result not only from a skater's actions, inactions or negligence, but the action, inaction, or negligence of others, the rules of competition, or the condition of the premises or any equipment in use. I fully accept and assume all such risks and responsibilities for losses and costs and damages incurred as a result of my participation in USARS activities or arising out of my traveling to or returning from such activities or practice sessions.
4. I hereby release, discharge, covenant not to sue, and agree to hold harmless USARS, their administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and where applicable, owners and lessors of premises and their employees on which the activity takes place, from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or part by their negligence. I further agree that if a claim is made against any of the releasees named above, despite this release, I, AND THE PARENT OR GUARDIAN SIGNING ON BEHALF OF A MINOR, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY'S FEES, LOSS, LIABILITY, DAMAGE, OR ANY COSTS INCURRED AS A RESULT OF ANY SUCH CLAIM.

I have read this agreement and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect. We acknowledge our responsibility to deliver this membership application to USARS Headquarters before insurance benefits associated with this membership are effected.

Printed Name of Participant	Printed Name of Parent or Legal Guardian
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Signature of Participant	Date	(For Minor Child) Signature of Parent or Legal Guardian	Date
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ALL USARS REGISTRATIONS FOR THE
 2008-2009 COMPETITIVE SEASON
 EXPIRE AT MIDNIGHT ON
 DECEMBER 31, 2009.
 USARS PHONE 402.483.7551
 USARS FAX 402.483.1465

**FIRST TIME
 REGISTRATIONS
 MUST
 INCLUDE
 BIRTH
 VERIFICATION!**

CREDIT CARD INFORMATION

VISA MC AMEX Discover Expiration Date _____

Card Number: _____
 Name on Card: _____
 Signature: _____

USA ROLLER SPORTS ACCIDENT INSURANCE INFORMATION

Effective Date

The effective date for the USA Roller Sports excess accident/medical expense benefit program is the time the athlete signs and dates this application and remits full payment to a USARS representative, initiating the individual into the master policy and confirming membership in USA Roller Sports. This application and full payment must be received at USARS Headquarters, 4730 South Street, Lincoln, NE 68506, within 10 days of the date on the application in order for the insurance to remain valid. Giving payment to a coach or club president could compromise your insurance coverage if the preceding timeline is not followed.

Who and What is Covered

Competitors/Coaches-Registered member skaters/coaches of USA Roller Sports are provided with excess (secondary) accident/medical expense benefits in the amount of \$50,000 for injuries occurring **ON SKATES** limited to organized and supervised practice sessions held within USA Roller Sports chartered club facilities, or during USA Roller Sports sanctioned competitions and/or USA Roller Sports training sessions sanctioned by national headquarters specified to occur outside of club facilities. The event must be supervised by a club officer (or an official USA Roller Sports coach) or the USA Roller Sports designated leader of an USA Roller Sports sponsored event. The individual will be required to certify the validity of the claim being submitted. No coverage is extended to a skater injured while on skates, but who is not in training for USA Roller Sports competitions.

Non-Competitive Card Holders/USA Roller Sports Officials-Coverage is limited to accidents occurring both on or off skates while actually participating in a competition that is progress. Practice sessions, other than sanctioned competitive event practices, are **not** covered.

What is Not Covered

Training off skates or training outside of chartered club facilities, unless specified by a USA Roller Sports sanction, or any injury occurring while on skates but while not training for USA Roller Sports competitions is **not** covered. Sickness is **not** covered. Pre-existing conditions are **not** covered and shall mean any condition for which treatment has been provided within (6) months prior to such injury. Re-injury **is** considered a pre-existing condition.

Benefits Summary

A deductible is applied per accident before any benefits are payable. Secondary accident medical reimbursement will pay 100% of the excess over payment by your primary plan. Please note there are different deductible amounts depending on whether the USARS member has primary insurance or not.

For complete benefit amounts please refer to the actual policy posted on the USA Roller Sports website (www.usarollersports.org).

Excess Coverage-All benefits are payable on an EXCESS BASIS. This means that your primary policy must pay the charge on each bill (that are payable under that policy's contract) before this insurance will pay. Proof of these payments must be submitted to the claims payer.

Accident Medical Expense-If, as a result of an injury, an insured incurs covered expenses starting within 30 days of the date of the accident, up to \$50,000 will be paid for covered expenses incurred within 104 weeks of the initial injury.

Deductible-Is met by personal payments totaling the deductible amount for the injury for which you are submitting the claim. If you have no other insurance coverage, you will be responsible for the deductible amount in medical and /or dental expenses. Meeting the annual deductible for your group or any other insurance does not satisfy this requirement.

Basis For Payment-“Usual and Customary” or “Reasonable and Customary” rates. Your doctor's billing clerk will understand these terms. You will be responsible for any amount that exceeds total payable benefit.

Accident Report & Claims Forms - An accident report **must** be filed with USA Roller Sports by the injured individual and signed by a club officer within 30 days of the date of injury. Claim forms will be mailed by USA Roller Sports to the injured party after receipt of a completed and signed accident report form and all insurance criteria are met. The club president must verify the rink circumstances and when the injury occurred. To initiate the claims process, contact USA Roller Sports (402) 483-7551, within 30 days of the accident.

USA Roller Sports Magazine: Each USARS membership includes a subscription for all remaining issues of USA Roller Sports magazine published during the current skating season (a \$12.00 value). If membership is not renewed at the beginning of the season, you will not receive the magazine until membership is renewed. Our quarterly magazine is issued in January, April, July, and October.

World Team Endowment Gift: An additional payment of \$55 represents a charitable contribution to USA Roller Sports for use in establishing an endowment fund to support athlete travel in international competition. In recognition of this gift, a special commemorative pin will be sent to the member.