



USA Deaf Sports Federation

USADSF • 102 North Krohn Place • Sioux Falls, SD 57103-1800
Voice: (605) 367-5760 • TTY: (605) 367-5761 • Fax: (605) 977-6625 • Web: www.usdeafsports.org

USA Men's Deaf National & Development Volleyball Team Tryout
Rochester Institute of Technology (RIT)
Rochester, New York
March 7-9, 2008

WHO:

Any deaf or hard of hearing male volleyball athlete who is at least 16 years of age or junior in high school, with at least 55 dB hearing loss in the better ear on a recent audiogram.

ATHLETE SELECTION CRITERIA:

Each participant is required to read and understand the Athlete Selection Criteria document, which is provided at <http://www.usdeafsports.org/criteria/2009-VolleyballAthleteCriteria.pdf>. (The web page from which this document is available is http://www.usdeafsports.org/athletes_participation.html.)

WEBSITE:

Information and forms are found at <http://www.usdeafsports.org/volleyball>.

WHEN/WHERE:

Arrive in Rochester, New York by 1:00 pm on Friday, March 7, 2008 and departure after 2:00 pm on Sunday, March 9, 2008. All sessions will take place at the Clark Gym on the campus of Rochester Institute of Technology (RIT) in Rochester, New York.

COST:

Non-refundable application fee is \$50.00 (includes USADSF and Volleyball membership fees, and tryout expenses). To cover liability coverage, you are required to be registered with your USA Volleyball region in which you reside or as a single-event member (provided by the Western Empire Volleyball Association).

BOARD/ROOM AND TRAVEL TO/FROM ROCHESTER:

Lodging arrangements have been made at local hotels – please contact John Macko (jrmned@rit.edu) for details. Additional details regarding dining will be provided later.

APPLICATION:

To apply please complete the online [Application Form](#) and then, also complete, sign, and mail the 5 forms below along with a money order of \$50.00 payable to "USA Deaf Sports Federation". The DEADLINE is **March 1, 2008**.

1. Code of Conduct (print this online [form](#) on paper)
2. Consent (print this online [form](#) on paper)
3. Health insurance card (copy both sides of your card)
4. USA Deaf Sports Federation Membership (print this online 2-page [form](#) on paper)
5. Waiver and Release of Liability (second page of membership form in #4 above)
6. Audiogram (print this online [form](#) on paper – for first-time participants only)

Mail them to: Patrick O'Brien
13025 Silver Maple Court
Bowie, MD 20715-1933