

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



2010 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL
PLAYER MEDICAL RELEASE FORM

USA Volleyball

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. **By signing this form the participant affirms having read it.**

Club: _____

Team Name: _____

Name _____
Last First Birth Date Age Gender

Primary Contact: Parent or Guardian

Name _____ Address _____ Zip _____
Phone _____ Alternate Phone _____

Secondary Contact: Parent/Guardian Other

Name _____
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:

Any medications currently being taken:

Any allergies:

If None, please write None.

Signed _____ Date: _____
Participant

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 also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed _____ Relationship: _____ Date: _____

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.

Signed: _____ Date: _____
Parent or Guardian

or

I **do not authorize** emergency medical/dental care for my daughter/son.

Signed: _____ Date: _____
Parent or Guardian

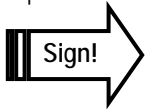
USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM

- JUNIOR PLAYERS ONLY -

NOTE: This form must be read and signed before the USA Volleyball member listed below is allowed to take part in any training, competition, practice/warm-up sessions, meeting or testing sessions.

I, THE PARTICIPANT, AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN OR OFFICIATING A VOLLEYBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I waive, release and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: USA Volleyball, its Regional Volleyball Associations, and the Southern California Volleyball Association (SCVA); the tournament director, sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that have waived, released or discharged herein; c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

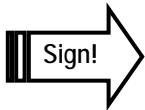


Printed Name

Participant's Signature

Date Signed

THE PLAYER IS UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.) The undersigned Parent or Guardian (circle one) of _____ (minor's name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.



Printed Name

Parent/Guardian's Signature

Date Signed

I agree to allow USA Volleyball and/or the SCVA to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me.

SOUTHERN CALIFORNIA VOLLEYBALL ASSOCIATION 2009/2010 INDIVIDUAL MEMBER FORM - JUNIORS

PLAYER NAME: _____ DOB: _____ - _____ - _____
First M.I. Last

COMPLETE MAILING ADDRESS: _____
Street

ADDRESS: _____ TEAM GENDER: M F (circle one)
City State Zip Code

HOME PHONE: () GRADE: _____ GRAD YEAR: _____

EMAIL: _____ CLUB NAME: _____

Membership Fees

- \$45 Junior Membership
 \$5 Voluntary Donation to USAV

(\$1 each to: Men's/Women's National teams,
USA Boys'/Girls' High Performance teams, Region)

Jr. Age Division

- 10s 11s 12s
 13s 14s 15s
 16s 17s 18s

Membership Type (check one or more)

- Player Official
 Coach Other

Have you EVER registered with the USAV/SCVA before? Y N

USA Volleyball is committed to diversity - Your response is voluntary

- Caucasian Hispanic Asian-American or Pacific Islander Check if you do not want to be on the USAV 3rd party mailing list
 African American Native American Multi-racial (please specify) _____ Check if you are hearing impaired or deaf for ADVA info

Return payment and forms to Club Director.

EACH PARTICIPANT MUST SIGN BOTH SIDES OF THIS FORM TO BE ELIGIBLE FOR MEMBERSHIP

SCVA ♦ 1500 South Anaheim Blvd. Suite 280 ♦ Anaheim, CA 92805 ♦ (714) 917-3595

USA VOLLEYBALL CODE OF CONDUCT & ELIGIBILITY

In consideration of the rights granted to me by my membership with the Regional Volleyball Association (RVA), the Southern California Volleyball Association (SCVA), or USA Volleyball (USAV), I consent to abide by the rules of conduct set forth herein, while I am a member of the SCVA/RVA. I understand that these rules extend to my conduct in activities related to, and during any SCVA/RVA/USAV sanctioned event in which I participate. This includes all events or activities sanctioned or sponsored by USAV, the SCVA or the RVAs, practice, travel to and from events, volleyball camps, players' clinics, and officials' clinics. *I also understand that if I violate any of the following rules, I might be subject to whatever disciplinary action is deemed appropriate by the authorized person, persons, boards or committees of USA Volleyball, the SCVA or the RVAs.*

THE FOLLOWING ACTIONS ARE PROHIBITED

- 1) Violation of any anti-doping policies, protocols, or procedures as defined by the International Olympic Committee (IOC), World Anti-Doping Agency (WADA), Federation Internationale de Volleyball (FIVB), US Anti-Doping Agency (USADA), or the United States Olympic Committee (USOC). Violation of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USAV or SCVA.
- 2) Possession, consumption, or distribution of alcohol and/or tobacco if illegal or in violation of SCVA or USAV policy. USAV/SCVA policy prohibits the possession, consumption, or distribution of alcohol and/or tobacco by anyone registered as a Junior Olympic Volleyball Player at the event venue of any USAV/SCVA sanctioned junior event.
- 3) Use of a recognized identification card by anyone other than the individual described on the card.
- 4) Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed).
- 5) Possession of fireworks, ammunition, firearms, other weapons or any item or material which, by commonly accepted practices and principles, would be a hazard or harmful to other persons or property.
- 6) Any action considered to be an offense under Federal, State, or local law/ordinances.
- 7) Violation of the specific policies, regulations, and/or procedures of the USAV/SCVA or the facility used in conjunction with a specific event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations, and procedures.)
- 8) Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- 9) Physical or verbal intimidation of any individual.
- 10) Actions that will be detrimental to USAV or SCVA.

USA VOLLEYBALL/RVA DISCIPLINARY POLICY

<u>Infraction</u>	<u>Suggested Maximum Penalty**</u>
♦ First	♦ Immediate disqualification. The individual will be declared ineligible for USAV registration or SCVA/RVA membership for one year starting from the date of the infraction.
♦ Second	♦ Immediate disqualification. The individual will be declared ineligible for USAV registration or SCVA/RVA membership for two years starting from the date of the infraction.
♦ Third	♦ Individual will immediately be declared ineligible for USAV registration or SCVA/RVA membership for the remainder of his/her lifetime.

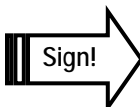
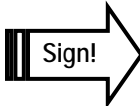
NOTE: Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to immediate lifetime ineligibility for USAV registration or SCVA/RVA membership after the first infraction. Penalties are only applied after affording the participant due process are required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and SCVA. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes of the SCVA and USAV as printed in the current Official USA Volleyball Guide.

PLAYER ELIGIBILITY

Junior Girls: I agree that I will be affiliated with the above named club for the 2009/2010 sanctioned season and I am aware of the Junior Girls Eligibility Requirements. I am aware that for a club to be eligible for the Las Vegas Classic, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2009/2010 season, clubs are eligible to host tryouts after October 3rd for the 14 and Under divisions with a commitment date of October 19th, after November 8th for the 15 and and 16 and Under divisions with a commitment date of November 23rd, and November 15th for the 17 and 18 and under divisions with a commitment date of November 30th. In addition, any transfers MUST be requested in writing (along with release letters) to the SCVA office by **February 19, 2010**. **No transfers will be allowed after February 19, 2010 or between the SCVA Regionals and the Volleyball Festival and/or Junior Nationals.**

Junior Boys: I agree that I will be affiliated with the above club for either the fall of 2009 or the spring of 2010. I am aware that for a club to be eligible for the Junior Boys Classic, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2009/2010 season, clubs will be eligible to host tryouts after September 1st with a commitment date of September 21st. In addition, any transfers must be approved by the SCVA office. No transfers will be awarded, under any circumstances, after **May 28, 2010**.

As evidenced by my signature, I certify that I have read and understand all for the foregoing and consent to abide by the rules as set forth herein.

				
	<i>Participant's Signature</i>	<i>Date Signed</i>		
	FOR ATHLETES OF MINORITY AGE - (under the age of 18 at the time of registration). This is to certify that I, as parent/guardian of the participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I consent to his/her participation in the programs conducted under the auspices of USA Volleyball, the SCVA and the Regional Volleyball Association of which he/she is a member.			
	<i>Parent/Guardian's Signature</i>	<i>Date Signed</i>	<i>Parent/Guardian's Name (please print)</i>	<i>Relationship</i>

EACH PARTICIPANT MUST SIGN BOTH SIDES OF THIS FORM TO BE ELIGIBLE FOR MEMBERSHIP

SCVA ♦ 1500 South Anaheim Blvd. Suite 280 ♦ Anaheim, CA 92805 ♦ (714) 917-3595



USA Volleyball

2010 CHAPERONE RESPONSIBILITIES

Thank you very much for volunteering to be a junior team chaperone. As a chaperone you are assuming certain responsibilities for the welfare of the players under your care, custody and control. To assist you in knowing what your responsibilities are we have created this information sheet for you. Please read and discuss these responsibilities with the team coach or manager. If you understand and accept these responsibilities please sign and date the bottom of the form and return the form to the coach or manager.

As a Chaperone, I understand and take responsibility for the following:

1. As an assigned driver transporting players to and from an event, I will obey all traffic laws and will not take any driving risks that will place the players or me in a harmful situation. All players as well as myself will wear seatbelts while in the automobile.
2. If using my personal automobile for transporting players, I understand that I am responsible for any accidents or injuries to my automobile, myself or to the players. I agree to have automobile liability insurance in the amount of \$300,000 or more covering the automobile I will use to transport players. I agree not to transport more players than my automobile has seatbelts for.
3. I will have a meeting with the players I am chaperoning to discuss the following:
 - a. Room accommodations - player responsibilities and conduct
 - b. Curfew
 - c. Check-in requirements with you if the players are going to leave the hotel.
 - d. Review of departure times and team activity agenda times.
 - e. Alcohol, tobacco and illegal drug restrictions.
 - f. Team meals.
4. I will refrain from using alcoholic beverages while conducting my chaperone responsibilities. I will absolutely not drink and drive myself or any players while acting as a chaperone. If for any reason I feel impaired to chaperone, drive, or carry out any of my responsibilities I will personally contact the team coach or manager and advise him/her of my impairment.
5. I will do everything that is reasonable and prudent to insure the safety of myself and the players while performing any chaperone duties.
6. As a chaperone, I understand that I am working under the direction of the Club, Regional Volleyball Association, or USA Volleyball Association. Any General Liability insurance available to the Club, Regional Association or USA Volleyball Association (excluding auto insurance) is also made available to me while working on behalf of or at the direction of the Club, Regional Association or USA Volleyball. I understand that I may be personally responsible and liable for any of my actions that fall outside the scope of authority granted to me by the Club, Regional Association, or USA Volleyball.

Signature

Date

Printed Name

SAN LUIS OBISPO VOLLEYBALL CLUB
AGREEMENT FORM

We (I) agree to pay San Luis Obispo Volleyball Club (SLO JRS.) the total sum of **\$1900.00** for the 2010 season. We (I) have received a copy of the installment dates and amounts. We (I) understand that we (I) will be expected to pay this amount in full if I choose to quit SLO JRS. without approval from the Board of Directors. Should SLO JRS. be required to take legal action to enforce the terms of this agreement, or collect dues from the participants, SLO JRS shall be entitled to recover its attorneys fees and costs incurred in any such action. We (I) understand that failure to make our installments on time without any prior arrangement being made with the Club Treasurer will cause my daughter not to be able to practice with her team and eventually could be dropped from the Club. We (I) understand that payments returned for insufficient funds will be charged an additional fee of \$10.00.

We (I) understand that the dues does not include the total amount for lodging, food or gas associated with the Volleyball Festival in Phoenix, Arizona.

We (I) understand that if we (I) owe any outstanding dues from previous years, my (our) daughter will not be allowed to participate in the next years club season until all outstanding dues have been paid in full. We (I) will be expected to pay the next years dues "up front" before she is allowed to play on a team.

We (I) understand that the dues do not include any travel costs for weekend tournaments (hotel/food or gas). We (I) agree to send the appropriate amount needed for food, gas, and lodging with our (my) daughter when she travels with other parents. (Failure to do so will result in an expectation of reimbursement to the person who pays the additional moneys for your daughter).

We (I) understand that without our approval our (my) daughter may be moved to another team based on playing ability. This will be done with complete approval of both coaches concerned and the Board of Directors will make the final decision.

We (I) understand that the Board of Directors decisions are final.

We (I) understand that if our (my) daughter misses practices without prior approval from the coach, she might not play in the next scheduled tournament or if the unexcused absences are excessive then our (my) daughter could be dropped from the Club.

We (I) understand that there are no discounts for multiple family members.

We (I) agree to drive team members to at least three tournaments this season and act as a chaperone in their room.

We (I) understand that the coaches, team parents are representatives of SLO JRS. and any interference or trouble caused by us (me) could result in our (my) daughter being dropped from the Club.

We (I) understand that if our (my) daughter misses a tournament without notifying her Team Parent and Coach by the Tuesday prior to the tournament, we (I) will be responsible for her portion of the hotel room.

We (I) understand that SLO JRS. Volleyball Club is a competitive club. Our coaches give equal time to girls in practice to help improve their skills and understanding of the game. They do not have to give equal playing time to players in tournament play.

Mother's Signature

Father's Signature

Player Signature

Date

2010 Payment Schedule

Due Date	18's	16's	15's	14's
Dec. 10	\$325	\$325	\$325	\$225
Jan. 1	\$335	\$335	\$335	\$335
Feb. 1	\$335	\$335	\$335	\$335
Mar. 1	\$335	\$335	\$335	\$335
Apr. 1	\$335	\$335	\$335	\$335
May 1	\$335	\$335	\$335	\$335
Total	\$2000.00	\$2000.00	\$2000.00	\$1900.00

Cost does not include lodging, gas, or food for JO qualifier or SCVA tournaments. Cost also does not include food or gas for Festival. Cost covers our best estimate for lodging for Festival.

\$50 discount if account is paid in one payment by Dec. 10th

Paperwork needs to be postmarked by Friday, December 4th:

SLO JRS Volleyball Club
P.O. Box 3151
Paso Robles, CA 93447

All payments need to be mailed to:

SLO JRS Volleyball Club
P.O. Box 422
Prather, CA 93651

Questions/Concerns with payments, contact Ashley Jones at 805-296-5496 or by email at: ashley@slojrsvolleyball.com

SLO JRS VOLLEYBALL CLUB

VOLUNTARY ACTIVITY PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

(Name) _____ wishes to participate in the San Luis Obispo (SLO) JRS Volleyball program.

I understand and acknowledge that this program and its activities, by its very nature, pose the potential risk for serious injury/illness to individuals who participate in them.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in this program includes, but is not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in this program; I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge and agree that SLO JRS, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered, which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms:

Participant/Athlete Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Director of SLO JRS before a student/athlete will be allowed to participate in the program.

Parent's Signature

Date

SLO JRS Volleyball Club

Photo Release Agreement

As parent/guardian of _____, I hereby authorize SLO JRS Volleyball Club to use photographs of the aforementioned in the promotion of its athletes.

I acknowledge that these photographs could be used on the SLO JRS Volleyball Club web site, on the SLO JRS Volleyball Club Facebook Page, in brochures, flyers, and audio visual presentations. In addition, I understand that these photos could also be shared with external media organizations, such as newspapers and television stations, to further promote SLO JRS Volleyball Club and its athletes.

(print Name of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

Daughter's Name _____

Team _____

Questionnaire

1. Will your daughter be participating in any other sports or activities that will conflict with practices and/or tournaments?

Yes No

If so, please explain, and include a schedule if possible.

2. Are you interested in being a team parent for your daughter's team?

Yes No

Parent's Signature _____

Date _____