

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 2011/2012 INDIVIDUAL MEMBER FORM - JUNIORS

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

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

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

EMAIL: _____ CLUB NAME: _____

Membership Fees

- \$60 Junior Membership
 \$5 Voluntary Donation to USAV

Jr. Age Division

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

Membership Type (check one or more)

- Player Official
 Coach Other

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

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.

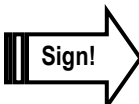
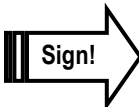
NOTE: Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to immediate lifetime ineligibility for USAV registration or SCVA/RVA membership after the first infraction. Penalties are only applied after affording the participant due process are 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 2011/2012 sanctioned season and I am aware of the Junior Girls Eligibility Requirements. I am aware that for a club to be eligible for regional competition, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2011/2012 season, clubs are eligible to host tryouts after October 1st for the 14 and Under divisions with a commitment date of October 10th, after November 5th for the 15 and 16 and Under divisions with a commitment date of November 14th, and November 13th for the 17 and 18 and under divisions with a commitment date of November 21st. In addition, any transfers MUST be requested in writing (along with release letters) to the SCVA office by **February 24, 2012. No transfers will be allowed after February 24, 2012.**

Junior Boys: I agree that I will be affiliated with the above club for either the fall of 2011 or the spring of 2012. I am aware that for a club to be eligible for regional competition, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2011/2012 season, clubs will be eligible to host tryouts after September 9th with a commitment date of September 19th. In addition, any transfers must be approved by the SCVA office. No transfers will be awarded, under any circumstances, after **May 25, 2012.**

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>

This form must be read and signed before the member listed on the other side is allowed to take part in any training, competition, practice, warm-up, and meeting or testing sessions.

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



**2011-2012 USAV YOUTH & JUNIOR VOLLEYBALL PLAYER
MEDICAL RELEASE FORM**

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: _____

Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
 City, State & Zip _____
 Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____
 Primary 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.

Participant Signature _____ Date: _____
 (regardless of age):

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.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

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.

Signature: _____ Date: _____
 Parent/Guardian

or

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

Signature: _____ Date: _____
 Parent/Guardian