

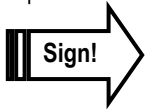
USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM

- 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.

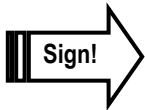


Printed Name

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 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.

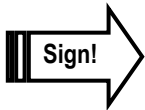


Printed Name

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

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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: _____

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Return payment and forms to Club Director.

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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

Infraction	Suggested Maximum Penalty**
♦ 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.

Sign! _____
Participant's Signature

_____ Date Signed

Sign! 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.

_____ Date Signed _____ Parent/Guardian's Name (please print) _____ Relationship

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

THIS IS FOR ALL PLAYERS!!!

PARENT AND PLAYER CONTRACT

PLAYER'S FIRST AND LAST NAME _____

GRADE _____

NAME OF SCHOOL _____

The following Contract is a bond between the players, parents/guardians and Saddleback Valley Volleyball Club. NO player will be allowed to participate in this Club Season at SVVC until the player and her parents/legal guardians sign this Contract and return it to SVVC.

SECTION I FINANCIAL AGREEMENT/OBLIGATION

SVVC is solely funded by its members and there is NO outside source of income. Since the cost of individual dues is determined by taking the total expenses of the Club, then dividing that cost between the number of players, it is essential that each member agree to adhere to their financial responsibility. The obligation to pay fees for the entire Club season is unconditional. Any failure to pay the fees for the entire season will result in damages to SVVC. No portion of the season fee so paid or outstanding will be refunded or cancelled, not withstanding, the subsequent withdrawal of the athlete for relocation, injury or illness. The enrollment shall be accepted and the reservation be entered upon execution of this agreement and upon payment of Registration fees. These fees are not refundable. This agreement shall not be modified except by written agreement of the parties, each parent or guardian shall sign this agreement and will be jointly and severally responsible for the obligations contained herein.

This agreement shall be deemed to have been entered into in the State of California and its validity, effect and operation shall be determined in accordance with the provisions of California law.

In the event any provision of this agreement is found to be or is deemed unenforceable, such shall not effect the enforceability of any other provision herein. If any provision or portion of this agreement is held to be illegal or invalid by a Court, said provisions shall be deemed to be severed and deleted, and the remainder of this agreement shall continue to be valid and enforceable.

As Parent/Guardian of _____, I pledge to meet the full financial obligation for the Club Season. I understand that Club dues are billed on-line monthly and due on or before the 5th of each month during the Season. The SVVC Director must approve ANY exception to this policy.

Father/Guardian _____
Signature of Father/Guardian

Date _____

Mother/Guardian _____
Signature of Mother/Guardian

Date _____

SECTION II PLAYER PLEDGE

I understand that my parents/guardians are making a great sacrifice, both financially and in terms of time, in order for me to participate in SVVC. I further understand that once I am an SVVC member, I owe an obligation to the Club, my teammates and my Coach to fulfill my commitment by being at ALL practices and tournaments and to COMPLETE the season. I pledge to faithfully keep, and abide by, the following rules:

- ✓ To be honest with my parents, coaches and teammates
- ✓ To be at all scheduled practices and tournaments unless otherwise arranged and communicated to/with my Coach/Age Group Supervisor
- ✓ To maintain a good academic standing throughout the school year
- ✓ To give my best effort at practice and tournaments
- ✓ To maintain good sportsmanship at all times
- ✓ To be respectful to the coaches, players and other SVVC personnel
- ✓ To fulfill my season commitment to the Club
- ✓ To help my parents/guardians by actively participating in the fundraising opportunities provided by SVVC

I understand that failure to abide to my signed pledge will cause my immediate suspension, dismissal or permanent removal from SVVC.

Player _____
Signature of Player

Date _____

SECTION III PARENT/GUARDIAN PLEDGE

In addition to the Financial Agreement/Obligation outlined in Section I, I also realize that in order for the Club to be at its best, I need to be an active participant in SVVC. This commitment includes, but is not limited to:

- ✓ Sharing in the driving responsibilities for my daughter's team
- ✓ Participating in any scheduled general parent meetings
- ✓ Communicating any problems/suggestions to either the Age Group Supervisor or the SVVC Director
- ✓ Staying in communication with my daughter's Coach

Father/Guardian _____
Signature of Father/Guardian

Date _____

Mother/Guardian _____
Signature of Mother/Guardian

Date _____

FOR TRAVEL TEAM PLAYERS ONLY

**NON-REFUNDABLE
POST-SEASON TOURNAMENT
\$100 DEPOSIT**

Your daughter is on a SVVC TRAVEL TEAM for the 2011-2012 Club Season; therefore, a NON-REFUNDABLE \$100 deposit will be required with your Registration Packet.

We have read the above and agree to abide by SVVC rules and understand the \$100 deposit is NON-REFUNDABLE under any and all circumstances.

TEAM NAME: SVVC- _____

PLAYER NAME: _____ DATE: _____
SIGNATURE OF PLAYER

FATHER/GUARDIAN: _____ DATE: _____
SIGNATURE OF FATHER/GUARDIAN

MOTHER/GUARDIAN: _____ DATE: _____
SIGNATURE OF MOTHER/GUARDIAN

FOR SVVC OFFICE USE ONLY
DATE _____
CHECK # _____
AMOUNT _____
SVVC STAFF INITIALS _____

SADDLEBACK VALLEY VOLLEYBALL CLUB

26923 Fuerte Drive, Lake Forest, CA 92630 949.380.7858 FAX: 949.380.7859 info@svvc.occoxmail.com

2011-2012 CLUB REGISTRATION FORM/CHECKLIST

PLAYER'S NAME _____
(Please print **FIRST** and **LAST** name clearly)

(1) 2011-2012 PROGRAM CHOICE

Please indicate which PROGRAM you are registering in for the 2011-2012 Club Season.

(Descriptions available on our website: www.svvc.com)

REGIONAL _____

TRAVEL _____

(2) DOWNLOADABLE REGISTRATION PACKET

After downloading the REGISTRATION PACKET from www.svvc.com, complete it according to the following directions and return it to the SVVC OFFICE along with your first payment.

1. Look at BOTH sides of each page and fill out completely. DO NOT LEAVE BLANK SPACES!
2. Players and Parents/Guardians need to sign ALL signatures lines if you are UNDER 18. *If you are OVER 18, only the Player needs to sign where indicated.*
3. EVERY Player is a JUNIOR PLAYER no matter what grade you are in; therefore, complete ALL sections and sign on BOTH sides of the USA Volleyball Waiver and Release of Liability Form.

(3) ON-LINE ACCOUNT REGISTRATION

NEW PLAYERS: Please go to www.svvc.com and find the NEW MEMBER REGISTRATION link in the top right corner and follow the directions to set up your on-line account.

RETURNING PLAYERS: Please go to your Membership Page and register for the 2011-2012 Season. If you have changed your e-mail, please e-mail SVVC with your new address so we can update your account. Within a day you will be able to access your account to update your information.

(4) REGISTRATION PACKET AND ON-LINE ACCOUNT CHECKLIST

- _____ Indicate which PROGRAM you are registering for and check your choice on this page
- _____ Download REGISTRATION PACKET and fill out ALL sides completely
- _____ Double-check SIGNATURE LINES are all signed
- _____ Set-up and Complete ON-LINE ACCOUNT REGISTRATION
- _____ Attach FIRST PAYMENT CHECK to the front of this form
- _____ Return REGISTRATION PACKET, THIS FORM and FIRST PAYMENT CHECK to the SVVC OFFICE.

**IF YOUR PAPERWORK IS NOT COMPLETE
AND/OR YOUR FIRST PAYMENT CHECK
IS NOT ATTACHED, YOU ARE NOT
ELIGIBLE TO PLAY!**

FOR SVVC OFFICE USE ONLY

DATE _____

CK # _____

AMT _____

SVVC INITIALS _____

Rev. 10/10

Saddleback Valley VBC – 2011/2012 Uniform Order

10s USE THIS FORM!!!

Your registration fees INCLUDE the following uniform items:

Please circle size you will need next to each item listed

- 1 practice t-shirt YL YXL AS
- 1 pair of spandex AXXS AXS AS AM
- 1 hooded sweatshirt YL YXL AS AM
- 1 numbered t-shirt YL YXL AS
- 1 mesh backpack

PLAYER'S NAME _____

Please print clearly!

AGE GROUP/TEAM NAME _____

For Saddleback Valley Volleyball Club use only...please do not write here.

Date Distributed/SVVC Employee Initials

- *1 practice t-shirt* _____
- *1 pair of spandex* _____
- *1 hooded sweatshirt* _____
- *1 numbered t-shirt* _____
- *1 mesh backpack* _____

Saddleback Valley VBC – 2011/2012 Uniform Order

12s USE THIS FORM!!!

Your registration fees INCLUDE the following uniform items:

Please circle size you will need next to each item listed

- 2 practice t-shirts YL YXL AS
- 1 pair of spandex AXXS AXS AS AM
- 1 hooded sweatshirt YL YXL AS
- 1 sweat pant YL YXL AS
- 1 numbered t-shirt YL YXL AS
- 1 mesh backpack

PLAYER'S NAME _____

Please print clearly!

AGE GROUP/TEAM NAME _____

For Saddleback Valley Volleyball Club use only...please do not write here.

Date Distributed/SVVC Employee Initials

- *2 practice t-shirts* _____
- *1 pair of spandex* _____
- *1 hooded sweatshirt* _____
- *1 sweat pant* _____
- *1 numbered t-shirt* _____
- *1 mesh backpack* _____

Saddleback Valley VBC – 2011/2012 Uniform Order

13s/14s/15s/16s/17s/18s USE THIS FORM!!!

Your registration fees INCLUDE the following uniform items:

Please circle size you will need next to each item listed

- 1 set of practice t-shirts YL AS AM AL AXL
- 1 long-sleeved jersey AXS AS AM AL AXL
- 1 short-sleeve jersey AXS AS AM AL AXL
- 1 long-sleeved warm-up (for 15s and up) AXS AS AM AL AXL
- 1 pair of spandex AXXS AXS AS AM AL AXL
- 1 hooded sweatshirt AXS AS AM AL AXL
- 1 sweat pant AXS AS AM AL AXL
- 1 SVVC backpack

PLAYER'S NAME _____

Please print clearly so it is correct on your jerseys!

AGE GROUP/TEAM NAME _____

UNIFORM # CHOICES (for 15s and up) First _____ Second _____ Third _____

For Saddleback Valley Volleyball Club use only...please do not write here.

Date Distributed/SVVC Employee Initials

- *1 set of practice t-shirts* _____
- *1 long-sleeved jersey* _____
- *1 short-sleeved jersey* _____
- *1 long-sleeved warm-up* _____
- *1 pair of spandex* _____
- *1 hooded sweatshirt* _____
- *1 sweat pant* _____
- *1 SVVC backpack* _____