



2019-2020 INDIVIDUAL MEMBERSHIP FORM

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed legibly, only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is **not transferable** from one person to another. Additional RVA requirements may apply.

MEMBERSHIP APPLICATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

☐ Check box if name has changed in the past year. If yes, please provide previous name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

CLUB NAME: _____

****Required for all Junior Club Staff: Social Security # _____ - _____ - _____ (For Adult Staff Membership Only)

GENDER: ☐ Male ☐ Female E-MAIL: _____

JUNIORS ONLY:

GRADE (2019/2020 School Year) _____ HOME PHONE: _____

HIGH SCHOOL GRAD YEAR _____ CELL PHONE: _____

- ☐ Check if you do NOT wish to receive USAV e-newsletters ☐ Check if you are disabled physically (for Paralympic Talent ID)
☐ Check box if you do NOT wish to be on USAV master 3rd party list. ☐ Check if you are hearing impaired/deaf (for USA Deaflympic Talent ID)
☐ Check if you do NOT wish to receive Region e-newsletters ☐ Check if you have served in the armed forces

USA Volleyball is committed to diversity. This information is used to report aggregate data to the United States Olympic Committee. Please check one of the following:

- ☐ I choose not to respond ☐ White, not Hispanic or Latino
☐ American Indian or Alaskan Native, not Hispanic or Latino ☐ Asian, not Hispanic or Latino
☐ Black or African American, not Hispanic or Latino ☐ Hispanic or Latino
☐ Two or more races, not Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Membership Options (Annual fees per person)

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Adult Staff Membership | \$85.00 | <input type="checkbox"/> Adult Player | \$65.00 |
| <input type="checkbox"/> Senior Player Membership (Age 60+) | \$35.00 | <input type="checkbox"/> Referee Membership | \$65.00 |
| <input type="checkbox"/> Junior Membership | \$65.00 | <input type="checkbox"/> Extended Official: | \$10.00 |
| <input type="checkbox"/> Chaperone Membership | \$65.00 | <input type="checkbox"/> Optional Donation to USA Team Programs. * | \$5.00 |

*\$1 will be donated to each: Men's and Women's National Teams, High Performance Girls and Boys and Regional Junior Development

Participant Role(s)

(Check all that apply – Depending on selection, additional requirements may apply)

- ☐ Player ☐ Head Coach ☐ Club Director ☐ Team Rep ☐ Chaperone ☐ Referee ☐ Other _____

ACKNOWLEDGEMENT/USE AGREEMENT

- I, a prospective or current member of USA Volleyball and/or one of its Regions, agree to abide by and be bound by the applicable Bylaws, rules, regulations, Code of Conduct, competition rules of USA Volleyball, as well as the safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport, as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for SafeSport and agree that any sanctions imposed by the Center extend to my participation in all USA Volleyball events or activities, or events and activities of other NGBs, and may be posted publicly and include information regarding the misconduct involved.
- I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.
- I hereby agree to be filmed, video, audio, digitally recorded and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any and all forms of media now existing or hereafter developed (the "Media"), during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by USAV/RVA (the "Footage").
- I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all Media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete or other USAV/RVA-sanctioned events, (3) promotion of the Sport, (4) promotion of USAV or RVA, or both, (5) the promotion of players for recruiting or scouting purposes, or (6) for educational purposes, provided that, in no event may USAV/RVA use or authorize the use of the Footage in any manner that would directly imply my endorsement of any company, product, or service, without my written permission.
- The current FIVB Sports Regulations stipulate that the Federation that is the first to issue a national license for the player is considered to be the player's Federation of Origin regardless of the player's citizenship. The current FIVB interpretation of "issue a national license" means registering with the Federation (in our case, USA Volleyball). Therefore, please be advised that if you register with USA Volleyball, and subsequently desire to represent another country in international competition, you may be subject to the FIVB regulations regarding "Change of Federation of Origin," which includes the payment of significant fees to the FIVB and review and approval of such application by the FIVB.
- I hereby certify that the information provided herein is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Participant's Signature (regardless of age): _____ Date signed: _____

If applicant is under 18 years of age:

Parent/Guardian's Name: _____ Parent/Guardian E-Mail: _____

Parent/Guardian's Signature: _____ Date signed: _____

SIGNATURE REQUIRED

**REQUIRED FOR PARTICIPATION: Total of 4 signature(s) for Junior participant and parent – 2nd thru 4th signatures on 2nd page
 Total of 3 signature(s) for Adult participant–2nd and 3rd signature on 2nd page**

serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN 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 THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, 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 listed above for any of the claims or liabilities that I have waived, released or discharged herein; and 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.

Participant's Signature (regardless of age): _____ Date signed: _____

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.

The undersigned parent and natural guardian or legal guardian of the applicant (_____) [minor's name] 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 named in the Waiver and Release 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. I fully consent to my child's participation in USAV/RVA events.

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

USA VOLLEYBALL CODE OF CONDUCT

THE FOLLOWING ACTIONS ARE PROHIBITED:

1. Violation of any anti-doping policies, protocols or procedures as defined by the International Olympic Committee (IOC; www.olympic.org), World Anti-Doping Agency (WADA; www.wada-ama.org), Federation Internationale de Volleyball (FIVB; www.fivb.org), US Anti-Doping Agency (USADA; www.usada.org) or the United States Olympic Committee (USOC; www.teamusa.org). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport (www.safesport.org), as they may be amended from time to time.
3. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
4. USAV policy prohibits the possession, consumption or distribution of alcohol and/or tobacco by anyone registered as a junior volleyball player at the event venue of any USAV/RVA sanctioned junior event.
5. Use of a recognized identification card by anyone other than the individual described on the card.
6. 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.)
7. Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned events.
8. Any action considered to be an offense under Federal, State or local law ordinances.
9. Violation of the specific policies, regulations, and/or procedures of the USAV, RVA or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations and procedures.)
10. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
11. Physical or verbal intimidation of any individual.
12. Actions that will be detrimental to USAV or the RVA.

USA VOLLEYBALL DISCIPLINARY POLICY:

Infraction	When Occurred	Suggested Maximum Penalty
First	Before or during event After event concludes	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction. The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction.
Second	Before or during event After event concludes	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction. The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
Third		Individual may be declared ineligible for USAV registration or 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 a lifetime ineligibility for USAV registration or RVA membership after the first infraction.

Sanctions are applied after affording the participant due process that may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations and matters under the jurisdiction of the U.S. Center for SafeSport, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA respectively. USADA and the U.S. Center for SafeSport retain the sole ability to determine any and all sanctions in those matters under their respective and exclusive jurisdictions..

- I have read and understand the USA Volleyball Code of Conduct and Disciplinary Policies
- I agree and consent to abide by the USA Volleyball Code of Conduct and Disciplinary Policies and other region specific code of conducts and/or disciplinary policies.
- I understand that, if I violate the USAV and/or RVA Codes of Conduct, I might be subject to disciplinary action in accordance with USAV and/or RVA Disciplinary Policies.

Participant's Signature (regardless of age): _____ Date signed: _____

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

SCVA Club Participation Agreement

I agree that I will be affiliated with the above named club for the 2019/2020 sanctioned season, and that I am aware of the Junior Player Eligibility Requirements. I am aware that for a club to be eligible for regional competition the club and the individual must abide by the tryout dates and commitment dates established by the SCVA.

Participant's Signature (regardless of age): _____ Date signed: _____

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

Consent and Waiver Release Form

All fields are required. Missing information will delay the processing of this form.

Applicant's Name (printed) First: _____ MI: _____ Last: _____

Mother's Maiden Name: (Puerto Rico residents only) _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Club Name: _____ Home Phone: _____

Email: _____ Work Phone: _____

SSN: _____ US Visa Number: _____ Cell Phone: _____

(Do not leave blank. If no SSN, write "no SSN")

(if applicable)

BACKGROUND SCREEN RELEASE: I hereby release and hold harmless USA Volleyball (USAV), the Regional Volleyball Associations (RVAs), their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, _____ (Applicant), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I, the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

I understand that it is the policy of this organization that any member who USAV/RVAs formally authorizes, approves, or appoints (a) to a position of authority over, or (b) to have frequent contact with athletes, where the NGB/RVA has control over the appointment process in any capacity, shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member. Examples of such positions subject to background screening include, but are not limited to, supervisory personnel, club directors, team representatives, coaches, chaperones and trainers, officials, junior tournament directors, junior tournament site directors, and on site junior tournament administrators/managers.

Further, I understand that I have the right to review and dispute the accuracy of the background screening findings directly with the approved vendor and understand that I have the right to request a hearing to appeal a disqualification based on USAV's hearing procedures which can be found at www.teamusa.org/usa-volleyball/about-us/governance.

USAV and the RVAs retain the right to require additional background screens at any time.

Print Name: _____ Date: _____

Signature: _____

DISQUALIFIERS: I understand that disqualification from all junior events and/or activities will result (subject to the right to request a hearing) if I have been found guilty, pled guilty; or pled nolo contendere (no contest) regardless of adjudication or received court directed programs and/or other sentencing directives in lieu of a finding of guilt, for the following criminal offenses: All Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offenses in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes (not listed) against children in the past 7 years (the time frames associated with the categories of crime listed above are calculated based on the date of the offense).

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or restriction of membership. A conviction or falsification of information that results in a failed background screen forfeits all fees paid with my registration application.

By signing the Background Screen Consent form, I agree to report to the Regional Volleyball Association any convictions for offenses found in the Automatic Disqualifier list that may occur between this background screen and the next mandatory screen for USA Volleyball.

Print Name: _____ Date: _____

Signature: _____

JUNIOR CLUB PERSONNEL CODE OF ETHICS

It is the duty and obligation of USA Volleyball affiliated Junior Club Program administrators, directors, coaches and other club personnel to assure the following Code of Ethics is followed and adhered to by all individuals who have an active role in a USA Volleyball Junior Club Program in any Region of USA Volleyball.

In a continuing effort to promote safe, healthy and ethical communication, relationships and treatment of all USA Volleyball players and personnel, all adults associated with a junior club program must read, accept and submit this Code of Ethics before they are eligible to actively participate in a junior club program associated, affiliated, or participating in USA Volleyball.

1. All adult club personnel affiliated with a junior program must be a registered member with a Region of USA Volleyball and USA Volleyball.
2. All adult club personnel including coaches, chaperones, assistant coaches, trainers, etc. affiliated with a junior program intending to participate in USA Volleyball must have an approved and current background screen on file as per USA Volleyball policy. It is intended that the term “all adult club personnel” be all inclusive and not limited to only those categories identified herein.
3. A head coach or assistant coach affiliated with a junior program must also: be an adult (see Region definition of an adult) and be IMPACT certified according to USA Volleyball and Region policies.
4. If allowed by Region rules, an assistant coach who has not yet met the age of majority in the state of residence must be supervised by a head coach recognized by the Region and must meet all applicable Region and USA Volleyball requirements. Individuals who are registered as junior players and also have an interest in coaching should contact their region regarding coaching eligibility.
5. Responsibilities:
 - A. A head coach or other equally qualified club personnel must be present at all practices and competitions. A head coach, adult club representative personnel or registered chaperone must be present during team-supervised travel. This individual shall be responsible for the moral, legal and ethical well-being for each participant during team/club activities.
 - B. Coaches shall understand the unique power of a coach-athlete relationship. Coaches and all other club personnel shall not exploit athletes and shall avoid any relationships which could compromise the integrity of the learning and participation process, impair their professional judgment and/or take advantage of a situation for their own personal gain or gratification.
 - C. All club personnel must understand that all forms of sexual abuse, assault or harassment of a current or former athlete are unethical and illegal even when an athlete invites or consents to such behavior or involvement. Club personnel shall not engage in sexual/romantic relationships with current athletes or other participants over whom there is/was authority. See B above.
 - D. All club personnel shall insure that all individuals have met all Regional Volleyball Association and USA Volleyball membership requirements prior to participation in any club, team and/or Region/National USA Volleyball activity.
 - E. All club personnel must inform the players and their parent(s)/guardian(s) about any Region and/or USA Volleyball transfer policy. This policy may restrict or prohibit a participant from transferring to another club or team if specified criteria have been met. Likewise, all club personnel must inform the players and

their parent(s)/guardian(s) of any rules or policies regarding coaching transfers during a particular season.

- F. All club personnel shall abide by and inform the players and their parent(s)/guardian(s) of applicable regional recruiting policies.
- G. All club personnel may not participate in, require another individual to participate in, or condone any act considered to be illegal under federal, state or local laws and/or ordinances.
- H. All club personnel shall strive to educate their athletes and personnel to respect, honor and adhere to the rules of the facility being used during practices, tournaments or events. In this regard, the rules of the facility shall have priority over the rules of the Regional Volleyball Association.
- I. All club personnel shall ensure that all activities are suitable for the age, experience and ability of their athletes.
- J. All club personnel shall seek professional medical advice when making decisions regarding an injured athlete's ability to continue training or playing.
- K. All club personnel shall, while serving in a professional capacity, avoid any drug, tobacco or alcohol use while in the presence of athletes.
- L. All club personnel shall not supply or condone the use of drugs, alcohol, tobacco, fireworks, ammunition, firearms, knives or any item or material that can be used as a weapon, to any of the participants or athletes and shall report any athlete using or in the possession of the same.
- M. All club personnel shall not allow, encourage, condone or require any behavior that threatens an athlete's amateur status or Regional, USA Volleyball, school and/or collegiate eligibility.
- N. All club personnel shall maintain all relationships with other club personnel on a professional and confidential basis.
- O. All club personnel must be positive role models. This includes being courteous, respectful and polite to players, parents, other coaches, club directors, event personnel, and officials.
- P. All club personnel will not engage in any physical, verbal or emotional harassment, abusive words or actions, or coercion of current and/or former athletes.
- Q. All club personnel will immediately report any suspected case of illegal activity, abuse, assault, harassment, or ethical violations of this club personnel code of ethics to the appropriate authorities, including Regional Volleyball Administrators.

Any violation of this Code may result in sanction being issued against the club representative, the individual(s) and the club/team involved. These sanctions may extend to the loss of eligibility of the club representative, the individual(s), the entire club and the team involved.

I acknowledge that I have read, understand and agree to abide by the statements in this Code of Ethics.

Applicant Signature_____

Date_____

Print Name_____

Parent/Guardian Signature_____

Date_____

(On Behalf of Minor Applicant) Print Name_____

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. Consent to and pass a USA Volleyball Background Screening and obtain the required SafeSport Trained certificate prior to chaperoning. The course is offered free of charge to USA Volleyball Members.
2. 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.
3. 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.
4. 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.
5. 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.
6. I will do everything that is reasonable and prudent to insure the safety of myself and the players while performing any chaperone duties.
7. 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

SCVA Letter of Commitment – Junior Girls

(Non San Diego Members)

DO NOT SIGN WITHOUT READING CAREFULLY. DO NOT SIGN PRIOR TO AUGUST 6, 2019 (15-18&UNDER AND ALL HIGH SCHOOL AGED PLAYERS) OR OCTOBER 8, 2019 (14&UNDER).

This requirement has been created to protect the player and parent/guardian as a member of a club.

1. Basic Penalty. I understand that by signing this letter. I am committed to joining the club named with this document for the entire 2019/2020 season. If I compete for another club, I may be subject to suspension for the remainder of the season.
 - a. Early Signing Period. A player who signs a Letter of Commitment before August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) is subject to suspension for the entire season. A club representative may not ask a player to sign prior to August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) either.
 - b. A player may not sign a Letter of Commitment before August 6, 2019(15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) regardless of the date of the tryout. A player who signs a Letter of Commitment or a club that allows a player to sign at a tryout date prior to August 6th (15-18&under) or October 8th (14&under) is subject to suspension for the entire season. Under no conditions may the Letter of Commitment be pre-signed or pre-dated before this time frame. In turn, no deposit monies, team or club fees can be collected before August 6, 2019 (15-18&under) or October 8, 2019 (14&under).
 - c. Only One Letter of Commitment Permitted. A player who signs more than one Letter of Commitment with more than one club is subject to suspension for the entire 2019/2020 season.
2. Verbal Commitments. A player may commit verbally to a club prior to August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under). A verbal commitment is not binding. The player may revoke the commitment at any time, before signing the Letter of Commitment, without penalty.
3. Recruiting Ban after Signing. I understand that all clubs are obligated to respect my signing and shall cease to recruit me upon my signing this document. I shall notify any recruiter who contacts me that I have signed.
4. Club Signatures Required Prior to Submission to the SCVA. This document must be signed and dated by the Club Director before being submitted to the SCVA along with other registration documents.
5. Parent/Guardian Signature Required. My parent, or legal guardian, is required to sign this Letter of Commitment if I am less than 21 years of age at the time of signing.
6. Falsification of Letter of Commitment. If I falsify any part of this Letter of Commitment, including the date, I understand that I am subject to suspension for the entire 2019/2020 season.
7. Nullification of Other Agreements. My signature on this Letter of Commitment nullifies any agreements, verbal or otherwise, which would release me from the conditions stated within this document.
8. Binding Agreement. I understand that I have signed this Letter of Commitment with the club and not with a particular individual. If the coach or any player(s) leave the team, I remain bound by the provisions of this document for the entire 2019/2020 season. I certify that I have read all terms and conditions in this document. I have discussed them with the club representative named within, and I fully understand, accept, and agree to be bound by them.

NOTE: IT IS A VIOLATION OF SCVA POLICY TO POST-DATE THIS DOCUMENT

Club Name: _____

Team Name: _____

Player's Name: _____

Player's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's Phone #: _____

Parent's Email: _____

Club Director: _____

Director's Signature: _____ Date: _____

**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. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

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:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: ☐ Yes ☐ No

If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list 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 understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. 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