

2009/2010 INSTRUCTIONS FOR COMPLETING LIMITED JUNIOR MEMBERSHIP APPLICATION

This form is to be used **ONLY** for Junior age participants who are registering with a Junior Club for the purpose of instructional clinics, and in house Volley-Kid programs. Individuals may upgrade to full membership at a later date if they so choose.

This form has been set up so that individuals may insert their personal information by filling in the individual fields with text or by clicking on a box and then printing out the form. If possible print pages 2&3 of this document (individual membership form) as a double sided document. The required Medical Release form is also included.

Instructions:

- Each participant must complete the Individual Membership Form:
Make sure that all information requested is provided, especially:
 1. **LEGAL** first names— refrain from using Joe, Bob, Katie, Maggie etc unless these are the Legal first names.
 2. Date of Birth
 3. Club Name
 4. Current Grade in School
- Each participant and their parent/guardian must read and sign the Waiver and Release Liability, and the Participant Code of Conduct sections on the back side of the individual membership form as well as the media release found on the front of the form.
- If you turn in membership forms that are not double sided, please **STAPLE** the 2 pages together! (pages 2 & 3)
- Junior members should return the completed individual membership form, Medical Release form along with all other documents required by the individual club/region to the Club Director or designated individual of the club. The Clubs are responsible for sending in the forms and registration fees to the Region. Membership cards will be sent to the Club Director for distribution as they see fit. (some clubs give the membership cards directly to the individuals, others have the coach retain them for safekeeping)

Make sure each form is filled out completely—if you use a pre-printed form instead of the attached fill in version make sure that they are **LEGIBLE!** **Print in Black or Blue Ink ONLY please!!!!**

If you have any questions concerning filling out this form please contact— Donna Smith at 773-767-8579 or email to Smithglrvb@gmail.com



USA VOLLEYBALL - GREAT LAKES REGION

LIMITED JUNIOR MEMBERSHIP FORM

For Region Office Use
ONLY!

Member #: _____

This form is to be used **ONLY** for those that are registering with a Junior Club for the purpose of instructional clinics, and Volley-Kid programs. Membership is limited to in house activities and is a limited membership with USA Volleyball and the Great Lakes Region for the purpose of insurance coverage. Individuals may upgrade at a later time to full membership if they so choose.

LEGAL Name: _____
First (no nicknames) M.I. Last

Check box if you **DO NOT**
wish to be on USAV master
3rd party mailing list.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **DOB:** ____/____/____ (Birthdate)

USA Volleyball is committed to diversity. This information is used to report aggregate data to the United States Olympic Committee. Your response is voluntary:

- Black, not of Hispanic Origin Asian-American or Pacific Islander American Indian or Alaskan Native
- White, not of Hispanic Origin Hispanic or Latino Native Hawaiian or Other Pacific Islander Mixed Race

Junior Player Additional Information

Junior Club: _____

Current Grade in School: _____ **Gender:** Male _____ Female: _____

I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA-Great Lakes Region) sanctioned events, by USAV/RVA's authorized representative, under the conditions specific by the 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, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.

The information I am providing is true and accurate to the best of my knowledge and I understand that false information is grounds for denial of membership.

Individual's Signature: _____ **Date:** _____

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

IMPORTANT!!! CONTINUE to REVERSE SIDE OF FORM
Both Athlete and Parent/Guardian must ALSO sign the BACK of this Form!!!!!!

This Membership Form is to be sent to the Individual Junior Club- they will then forward on to the Region Office for Registration. Great Lakes Registration Office: 8021 S. Kilbourn Ave.

Chicago, IL 60652 773-767-8579 Smithglrvb@gmail.com

SECTION II**USA VOLLEYBALL PARTICIPANT CODES 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), World Anti-Doping Agency (WADA), Federation Internationale de Volleyball (FIVB), US Anti-Doping Agency (USADA) or the United States Olympic Committee (USOC). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USA Volleyball (USAV) or Regional Volleyball Association (RVA) policy.
3. USAV 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/RVA sanctioned junior event.
4. Use of a recognized identification card by anyone other than the individual described on the card.
5. 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.)
6. 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.
7. Any action considered to be an offense under Federal, State or local law ordinances.
8. 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.)
9. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
10. Physical or verbal intimidation of any individual.
11. Actions that will be detrimental to USAV or the RVA.

USA VOLLEYBALL DISCIPLINARY POLICY:

<u>Infraction</u>	<u>When Occurred</u>	<u>Suggested Maximum Penalty</u>
First	Before or during event	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.
	After event concludes	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	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.
	After event concludes	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.

Penalties are only applied after affording the participant due process may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA as printed in the current *Official USA Volleyball Guide* and RVA Handbook, respectively.

SECTION III**WAIVER AND RELEASE OF LIABILITY**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, 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.

SECTION IV**SIGNATURE(S)**

In consideration of the rights and privileges granted to me by signing this membership form, I certify that

1. I have read and completed all sections of this membership application;
2. I have read and understand the USAV and/or RVA Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability;
3. I understand that the Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by the USAV/RVA in which I participate;
4. I (or my parent or legal guardian) am at least eighteen (18) years old;
5. I agree and consent to abide by the USAV and/or RVA Codes of Conduct, Disciplinary Policies and Waiver and Release of Liability set forth herein; and
6. 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: _____

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 have also read and understand the USAV Participant Codes of Conduct (Section II above) and have reviewed the Codes with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in USAV/RVA events.

Printed Name _____

Parent/Guardian's Signature _____

Date Signed _____

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

(Revised 07/20/2009)

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