

SRVA 2017-2018 INDIVIDUAL REGISTRATION INSTRUCTIONS

Dear and :

Please follow the instructions below to complete your registration.

JUNIOR PLAYERS, PARENTS AND COACHES

1. MEMBERSHIP FORM

Print, sign, and make at least one copy of this membership form (**SIGN ALL PAGES**). If you are a junior player, both you and a parent or guardian must sign the membership form, regardless of your age!

2. MEDICAL RELEASE FORM

Medical release forms authorize a club to approve medical treatment when a parent/guardian is not present.

These forms are not required for SRVA tryouts.

Print and complete a Medical Release form.

Give this form to the club with which you choose to play.

3. DO NOT SEND THESE FORMS OR PAYMENT TO SRVA

Give a copy of your membership form to any club with which you tryout.

Once you select a club to join

Give the original membership form to the club director.

Give the completed medical release form to the club director.

ADULT PLAYERS, OFFICIALS AND OTHER ADULTS NOT AFFILIATED WITH A JUNIOR CLUB

Once you have completed the on-line registration process:

1. If you are paying by credit card, e-mail your name and pin number (found in the top right corner of the membership form) to ichicat@aol.com.

OR

2. If you are paying by check, send your name, pin number (found in the top right corner of the membership form) and check to:

SRVA
105 Rounsaville Court
Roswell, GA 30076



USA VOLLEYBALL SRVA 2017-2018 INDIVIDUAL MEMBERSHIP FORM

For SRVA Office Use Only
Do Not Write in This Space
INDIVIDUAL MEMBERSHIP REGISTRATION CATEGORY

SRVA PIN: ppppppp

FEE DUE: .00

SECTION I

MEMBERSHIP APPLICATION

LEGAL FIRST NAME: _____ MI: _____ LEGAL LAST NAME: _____
(15 characters) (20 characters)

ADDRESS: _____
(30 characters)

CITY: _____ STATE: _____ ZIP CODE: _____ - _____ BIRTHDATE: _____
(20 characters) (5 digits) (4 digits) (mm/dd/yyyy)

PHONE: PRIMARY (_____) _____ - _____ ALTERNATE (_____) _____ - _____

E-MAIL: _____ (USA Volleyball does **NOT** provide e-mail addresses to third parties)
(60 characters)

GENDER M F ADULT LEVEL (Pick One) -AA -A -BB -B -NP Juniors Only: Grade (as of 09/01) X
JUNIOR LEVEL (Pick One) -18&Under; -17&Under; -16&Under; -15&Under; -14&Under; -13&Under;
-12&Under; -11&Under; -10&Under;

- Check box to **prevent** USAV from releasing information to 3rd parties.
If you do not check this, YOU MAY RECEIVE PROMOTIONAL material from 3rd parties.
- Check box to receive the Volleyball USA Magazine [will not affect fee; only available to categories 1, 2, 8 listed below]

CURRENT CLUB AND/OR TEAM NAME (if known): XX

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:

<input type="checkbox"/> I choose not to respond	<input type="checkbox"/> White, not Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native, not Hispanic or Latino	<input type="checkbox"/> Asian, not Hispanic or Latino
<input type="checkbox"/> Black or African American, not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Two or more races, not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Are you:

<input type="checkbox"/> Hearing impaired/deaf (for USA Deaflympic Talent ID)	<input type="checkbox"/> Disabled Physically (for Paralympic Talent ID)
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Membership Options (Annual fees per person)

<input type="checkbox"/> 1 (\$60) Junior Player-Female	<input type="checkbox"/> 4 (\$25) Adult (Player Only)	<input type="checkbox"/> 7 (\$8) One event membership
<input type="checkbox"/> 2 (\$30) Junior Player-Male	<input type="checkbox"/> 5 (\$25) Collegiate (Player Only)	
<input type="checkbox"/> 3 (\$30) Youth Player (10 years old & under)	<input type="checkbox"/> 6 (\$25) Recreation/Summer/Outdoor	
<input type="checkbox"/> 8 (\$60) Adult (Official; Head or Assistant Coach; Junior Club Director that is also coaching;)		
<input type="checkbox"/> 9 (\$30) Adult (Tournament Director/Staff; Junior Club Adults (Non-coaching Junior Club Director, Club Staff, Chaperone or Parent)		

NOTE: Reduced fee of \$30 is available for categories 1 & 8.

SECTION II

ACKNOWLEDGEMENT/USE AGREEMENT

- 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, 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) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified 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.
- I hereby certify that the information provided 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 false information is grounds for denial of membership.

Participant Printed Name _____ Participant Signature (Regardless of age) _____ Date: _____

Parent/Guardian Name (Please Print) (if participant under 18 years of age) _____ Email _____

Parent/Guardian Signature (if participant under 18 years of age) _____ Date: _____



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.

Date: _____

Participant Printed Name _____

Participant Signature (Regardless of age) _____

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.

Date: _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature (if participant under 18 years of age) _____

SECTION IV

USA VOLLEYBALL PARTICIPANT 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), 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:

Table with 3 columns: Infraction, When Occurred, Suggested Maximum Penalty. Includes categories First, Second, and Third with corresponding penalties and a note on major misbehavior.

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 V

SIGNATURE(S)

- 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.

Date: _____

Participant Printed Name _____

Participant Signature (Regardless of age) _____

Date: _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature (if participant under 18 years of age) _____

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.