

Club Registration Checklist

Required Item	Completed & Signed (by Parent)	Accepted (dated by CCV Board Member)
USAV Registration Form ; completed online at Webpoint. Bring Confirmation sheet to CCV Registration session.		
General Conduct Guidelines / Disciplinary Actions ; signed by both the Player, and a Parent.		
Registration and Payment Information (your Contract with CCV); signed by the Player and a Parent.		
Media Release form ; completed and signed by both the Player and a Parent.		
Uniform Info Sheet ; completed with sizes, whether a sweatshirt or warmups are being purchased (additional cost), uniform number requested, etc.		
Medical Release ; completed and signed by both the Player, and a Parent. NEED 2 Originals of this form.		
Concussion Form ; completed and signed by both the Player, and a Parent. NEED 2 Originals of this form.		
Initial Registration Fee of \$150 . Full payment or remaining balance may be paid lump sum, installments per Payment Coupon, or per arrangement with the Club Treasurer. \$25 should already have been paid online.		
A copy of the Birth Certificate for new players. Bring the Original BC so it can be verified by a Board Member.		

Parent Signature _____ Player Signature _____

CCV Board Signature _____

NOTE: These signatures only when the packet is completed and accepted by the CCV Board at Registration.

INTENTIONALLY

LEFT

BLANK

PLAYERS - General Conduct Guidelines / Disciplinary Actions

(this copy to be retained by player/parent for future reference) A signed copy is filed in the player's CCV folder.

Respect and follow the rules and guidelines of the club, the coach and the USA Volleyball Code of Conduct.

Demonstrate good conduct both on and off the court.

Good sportsmanship is expected at all times.

Encourage teamwork. Bad attitudes have NO PLACE on or off the court during practices, trips and tournaments. Getting down on yourself or teammates does not help. You win as a team - or lose as a team.

Help your team function as a group. Forming cliques, putting down players or acting without concern for the others will prevent your team from playing to its full potential.

Do not do anything that might jeopardize the team's reputation or involvement in a tournament. Inappropriate behavior, dress or being where you have not been given permission to be can only cause trouble.

JUST CAUSE FOR WARNING:

- Any player missing more than one practice without notification to coach
- Any player missing a tournament without one week of prior notice
- Repetitive offensive language or behavior
- Breaking curfew at out-of-town tournaments - one time

JUST CAUSE FOR DISMISSAL:

- Any player issued more than three warnings or reprimands
- Any player found in the possession or under the influence of harmful drugs or alcohol while representing CCV
- Any player found assaulting another or initiating gross behavior / harassment while representing CCV
- Any player initiating inappropriate relations with a coach
- Any player found in the possession of harmful weapons
- Any player found guilty of theft or property damage while representing CCV
- Any player violating the USA Volleyball Code of Conduct or disqualified from its participation

I agree to abide by the rules and regulations set forth in the Club Cochise General Conduct Guidelines / Disciplinary Actions. I agree to accept the consequences if I fail to abide by these rules.

Player Name

Date

Parent Signature

Date

Registration and Payment Information Partners Girls Fees

(Registration fee & forms **MUST** be turned in together.)

(This copy to be retained by player/parent for future reference) A signed copy is filed in the player's CCV folder.

If paying your registration fee (non-refundable) prior to Dec 21, your total cost for club is **\$300**. The amount you owe up front for registration is **\$25 online to AZ Region/USAV, plus \$150 to Club Cochise**. This money covers USA Volleyball, and AZ Region registrations, insurance, and an invitational tournament fee. **Additional fundraising may be required to offset additional tournaments and higher quality uniforms.**

If paying your registration fee (non-refundable) on or after Dec 21, your total cost is **\$400**. The amount you owe up front for registration is **\$150**.

The **BALANCE DUE** is **\$125/\$225**. You may pay this in full at the time of registration or pay the remaining balance with one of our payment plans. Your account must be paid in full by April 15. Players will not be allowed to participate in practice or tournaments if account is delinquent until the account has been settled.

Checks for payments should be made payable to Club Cochise Volleyball or CCV and mailed to:

Club Cochise Volleyball
P.O. Box 3475
Sierra Vista, AZ 85636

(PLEASE do not give your payment to a coach! They have been instructed not to take or handle any money. **IT IS YOUR RESPONSIBILITY TO PAY YOUR ACCOUNT ON TIME AND IN A RESPONSIBLE MANNER.** If your club member brings a check to practice, they can **ONLY** give the check/cash to a board member!)

There is a **\$25** fee assessed on ALL returned checks.

Reminder: The set fee to participate in Club can be paid with a payment plan. This payment plan has no bearing on when Club ends. The Club season will end at the conclusion of the regional tournament. If your club member participates in the Reno tournament, there will be additional costs, which will be discussed at a later time.

I agree with the provisions set forth in this registration form. I agree that if I fail to make my obligations, I will not be permitted to participate in Club until my balance is brought up to date. **I understand that it is my responsibility to pay my account in full regardless of whether or not I am an active member.**

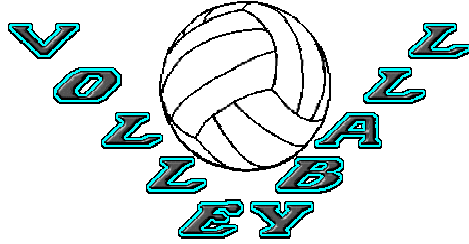
Player name and signature

Date

Parent name and signature

Date

CLUB COCHISE



Welcome to the World of Club Cochise Volleyball.

Media Release form

At times throughout the Club Cochise volleyball season, the media may be present to photograph and/or interview your athlete. Please sign below indicating your permission for your child's name and/or photo to appear in these media reports.

___ I do give permission

___ I do not give permission

Parent's Signature _____ Date _____

Child's Name _____

UNIFORM INFO:

Parent's Email Address: _____

Player Name: _____

Players birthday: (dd/mm/yy) _____ Age: _____ School Grade: _____

Did you play Club volleyball last year? Yes _____ No _____
If so, what team: (circle one)

18- 16- 14- 12- Instructional Boys

What was your jersey number _____. Requested jersey number 1st _____, 2nd _____, 3rd _____

Please indicate below what size uniform you would like. Players who have played for Club Cochise will have first choice for their jersey number. However, if a player is moving up (i.e., from 14-1's to 16's and that number is already worn by a player on the 16's, she will have to take her second or third choice. Every effort will be made to honor the player's first request.

Shirt size: SM _____ MED _____ LG _____ XLG _____

Short size: SM _____ MED _____ LG _____ XLG _____

NOTE: Items below are not covered by club fees. Purchases of any of these items are additional costs as noted.

Hooded Sweatshirt size: SM _____ MED _____ LG _____ XLG _____ 2XL _____ \$20.00

CCV T-Shirt size: SM _____ MED _____ LG _____ XLG _____ 2XL _____ \$10.00

Warmup Pants: XS _____ SM _____ MED _____ LG _____ XLG _____ 2XL _____ (+\$2.00) \$20.00

Warmup Jacket: SM _____ MED _____ LG _____ XLG _____ 2XL _____ (+2.00) \$44.00

Embroidered name on jacket: Name _____ \$8.00

Total _____ \$ _____

Parent's signature authorizing additional purchase of items. _____

FOR OFFICIAL USE ONLY:

TEAM: 18's / 16's / 14's / 12's/Instr

Player number for uniform: _____ Coach: _____



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. 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: _____
Primary Phone: _____	City, State & Zip _____
	Alternate Phone: _____

Secondary Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> 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 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



**Arizona Region of USA Volleyball
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form**

I, _____ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organizations staff (e.g., coaches or athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- * My organization has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and Players.
- * The organization has also provided me a list of websites specific to concussion education for athletes and parents that I can visit to learn more.
- * I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET for Parents and Players.
- * I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- * There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- * A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- * A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- * Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- * If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- * I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- * I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- * Following a concussion the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, wrestling, lacrosse, mixed martial arts, and rugby.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document. (Both student athlete and parent/legal guardian must sign)

Student Athlete: Please indicate current grade level _____

Print Name: _____ Signature: _____ Date: _____

Parent/legal guardian:

Print Name: _____ Signature: _____ Date: _____

More Information can be found at <http://www.cdc.gov/concussion/HeadsUp/youth.html>

A free 20 minute concussion education course can be taken <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

This form is to be kept with the medical release form for each player and will be checked for at Region tournaments. 9/30/11



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. 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: _____
Primary Phone: _____	City, State & Zip _____
	Alternate Phone: _____

Secondary Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____	
Name: _____	Address: _____
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 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



**Arizona Region of USA Volleyball
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form**

I, _____ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organizations staff (e.g., coaches or athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- * My organization has provided me with the CDC Concussion Fact Sheet on the definition of a concussion, the signs and symptoms of a concussion and what to do if I suspect I have a concussion. Each Fact Sheet is specific to Parents and Players.
- * The organization has also provided me a list of websites specific to concussion education for athletes and parents that I can visit to learn more.
- * I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET for Parents and Players.
- * I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- * There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- * A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- * A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- * Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- * If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- * I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- * I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- * Following a concussion the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before the symptoms have resolved.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, wrestling, lacrosse, mixed martial arts, and rugby.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document. (Both student athlete and parent/legal guardian must sign)

Student Athlete: Please indicate current grade level _____

Print Name: _____ Signature: _____ Date: _____

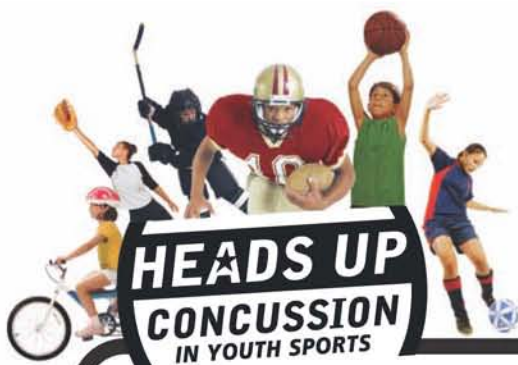
Parent/legal guardian:

Print Name: _____ Signature: _____ Date: _____

More Information can be found at <http://www.cdc.gov/concussion/HeadsUp/youth.html>

A free 20 minute concussion education course can be taken <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

This form is to be kept with the medical release form for each player and will be checked for at Region tournaments. 9/30/11



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

It's better to miss one game than the whole season.



HEADS UP CONCUSSION IN YOUTH SPORTS

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

CLUB COCHISE PAYMENT COUPONS
Partners Girls Plan

MAIL TO: Club Cochise Volleyball
P. O. Box 3475
Sierra Vista, AZ 85636

DO NOT SEND CASH! MAIL PAYMENTS ONLY.
COACHES ARE NOT RESPONSIBLE FOR COLLECTING FEES.

Club Cochise payment receipt - please send along with your check to insure proper credit to your child's account.

Total amount to be paid to CCV is \$300 of which \$25 is due online, plus \$150 is due up front and non-refundable as your child's registration fees. The remaining \$125 can be paid at the same time as your registration fees or following the below payment plan. Of course we will always accept a larger payment any month to get you paid off early. If payment is NOT received by the 15th of each month, your child will NOT be allowed to participate in practices or tournaments until you are caught up.

Retain for your records			Tear Off – Submit with Payment
Payment #4 \$31.00 Due Date: April 15 Paid: \$ Balance: \$	Amount Paid: \$ Check Number:	Tear Here	Name of Player: _____ Amount Paid: \$ Check Number:
Retain for your records			Tear Off – Submit with Payment
Payment #3 \$31.00 Due Date: March 15 Paid: \$ Balance: \$	Amount Paid: \$ Check Number:	Tear Here	Name of Player: _____ Amount Paid: \$ Check Number:
Retain for your records			Tear Off – Submit with Payment
Payment #2 \$31.00 Due Date: February 15 Paid: \$ Balance: \$	Amount Paid: \$ Check Number:	Tear Here	Name of Player: _____ Amount Paid: \$ Check Number:
Retain for your records			Tear Off – Submit with Payment
Payment #1 \$32.00 Due Date: January 15 Paid: \$ Balance: \$	Amount Paid: \$ Check Number:	Tear Here	Name of Player: _____ Amount Paid: \$ Check Number:
Retain for your records			Tear Off – Submit with Payment