



**ARIZONA REGION
USA VOLLEYBALL
2010 INDIVIDUAL MEMBERSHIP FORM**

Signatures required on both sides or pages

SECTION I

PERSONAL INFORMATION

LEGAL FIRST NAME: _____ MI: _____ LEGAL LAST NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____
 HOME PHONE: () _____ WORK PHONE: () _____ CELL () _____
 E-MAIL: _____ (USA Volleyball does **NOT** provide e-mail addresses to third parties)

GENDER M F **Junior Members Only - Grade as of 9/1/09:** _____
 Check box if address has changed in the past year. **AND High School Grad Year:** _____
 Check box if name has changed in the past year. Previous name: _____
 Check box if you do NOT wish to be on USAV Master 3rd party list.
 Check box if you do NOT wish to receive the USAV Electronic Newsletter "Rotations"

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:
 Hearing impaired/deaf (for USA Deaflympic Talent ID) Disabled physically (for Paralympic Talent ID)

Check here for an **optional** \$5 donation to USA Team Programs. \$1 will be donated to each: Men's and Women's National Teams, High Performance Girl's and Boy's Programs and Regional Junior Development.

MEMBERSHIP INFORMATION

Season last registered in USAV: _____ (state, NEW if first year ever)
 PAVO Official? Y N PAVO Board Name: _____

TYPE OF MEMBERSHIP	STATUS	REFEREE STATUS	SCOREKEEPER STATUS	COACHING CERT
<input type="checkbox"/> Regular \$40	<input type="checkbox"/> Player	<input type="checkbox"/> International	<input type="checkbox"/> International	<input type="checkbox"/> IMPACT
<input type="checkbox"/> Jr. Olympic Volleyball \$40	<input type="checkbox"/> Head Coach	<input type="checkbox"/> National	<input type="checkbox"/> National	<input type="checkbox"/> CAP Level I
<input type="checkbox"/> Jr. - Training Only \$20	<input type="checkbox"/> Asst Coach	<input type="checkbox"/> Jr. National	<input type="checkbox"/> Jr. National	<input type="checkbox"/> CAP Level II
<input type="checkbox"/> Chaperone \$15	<input type="checkbox"/> Team Rep	<input type="checkbox"/> Regional	<input type="checkbox"/> Regional	<input type="checkbox"/> CAP Level III
<input type="checkbox"/> Summer (05/01-10/31) \$15	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Provisional	<input type="checkbox"/> Provisional	<input type="checkbox"/> CAP Level IV
<input type="checkbox"/> Senior (55+ Nat'l's Only) \$15	<input type="checkbox"/> Official	<input type="checkbox"/> Jr. Provisional	<input type="checkbox"/> Jr. Provisional	Date _____
<input type="checkbox"/> One Day \$7	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
(Annual fees per person)	(Check all that apply)	(If USAV Certified)	(If USAV Certified)	

TEAM INFORMATION

CURRENT CLUB/TEAM NAME: _____ **TEAM GENDER:** M F

ADULT TEAM DIVISION	JUNIOR LEVEL OF PLAY	Additional forms required for Membership
<input type="checkbox"/> AA <input type="checkbox"/> Collegiate/Military	<input type="checkbox"/> Youth <input type="checkbox"/> 14 & Under	1 Any adult associated with a Junior Team must consent to a Background Screen AND
<input type="checkbox"/> A <input type="checkbox"/> League	<input type="checkbox"/> 10 & Under <input type="checkbox"/> 15 & Under	2 Head and Asst Coach submit Code of Ethics;
<input type="checkbox"/> BB <input type="checkbox"/> Other _____	<input type="checkbox"/> 11 & Under <input type="checkbox"/> 16 & Under	3 Chaperone submit Chap. Responsibility Form;
<input type="checkbox"/> B	<input type="checkbox"/> 12 & Under <input type="checkbox"/> 17 & Under	4 Officials must consent to a Background Screen
<input type="checkbox"/> Check box if Co-Ed	<input type="checkbox"/> 13 & Under <input type="checkbox"/> 18 & Under	

I agree that once affiliated with a club, it is for the entire sanctioned season. (Club affiliation does not apply to unaffiliated members or to Coed teams.)
 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 Associations (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 me, full right and license touse, 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 authorise 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.

Applicant's Signature: _____ **Date:** _____

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

(If applicant under 18 years of age)

MAKE CHECKS PAYABLE TO: Arizona Region Mail Registration & Waiver to: 2105 S. 48th Street Suite 108 Tempe, AZ 85282	OFFICIAL USE ONLY:	Received _____
	Birth Certificate: Attached On File	Ck # _____
	Background Check: Attached(+ \$20) Not Due	Amt _____

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 International 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 events.
- 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 of material which by commonly accepted practices and principles would be a hazard or harmful to other persons at sanctioned USAV/RVA 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 RVA, USAV, 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 RVA membership or USAV registration for one year starting from the date of infraction
	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration 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 RVA membership or USAV registration for two years starting from the date of infraction
	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration for two years starting from the date of infraction
Third		Individual may be declared ineligible for RVA membership or USAV registration 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 lifetime ineligibility for USAV registration or RVA membership after the first infraction

Penalties are only applied after affording the applicant due process as 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) **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 mentioned above from any claims or liabilities that I have waived, released, or discharged herein; and c) **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) REQUIRED**

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 RVA and USAV Codes of Conduct, Disciplinary Policies, and Waiver of Release of Liability;
- 3 I understand that the Codes of Conduct, Disciplinary Policies, and Waiver of Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by the RVA/USAV 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 RVA and USAV Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability set forth herein; and
- 6 I understand that, if I violate the RVA or USAV Codes of Conduct, I might be subject to disciplinary action in accordance with RVA or USAV Disciplinary Policies.

Applicant'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 Code 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 RVA/USAV events.

Printed Name _____

Parent/Guardian's Signature _____

Date Signed _____

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



USA VOLLEYBALL 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 includes 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 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 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 of this Code of Ethics.

Applicant Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

(On behalf of minor applicant)

Print Name _____

2010 Club and Team Name _____

\$20

Arizona Region of USA Volleyball

2105 S. 48th Street, Suite 108, Tempe, Arizona 85282

Phone: (602) 454-1367 * Fax: (602) 454-1427 * Contact E-Mail: azvolley@qwestoffice.net

Consent and Waiver Release Form

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

Please check all that apply: <input type="checkbox"/> Coach					<input type="checkbox"/> Team Representative					<input type="checkbox"/> Chaperone					<input type="checkbox"/> Official				
<input type="checkbox"/> Club Director/Administrator										<input type="checkbox"/> Other (please specify) _____									

Applicant's Name (printed) _____ Date of Birth _____
First Middle Initial Last

Club Name _____ SSN _____ E-mail _____
Do not leave blank, if no SSN, write "No SSN"

Applicant's Present Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

1. Have you been convicted (past 10 years) of a felony? Yes No
(Certain convictions may not be an absolute bar to participation.)

Explain _____

2. Are you currently out on bail or your recognizance, pending trial for any felony offense? Yes No

Explain _____

BACKGROUND SCREEN RELEASE:

I hereby release and hold harmless USA Volleyball, the Regional Volleyball Associations, 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.

Further, I understand that it is the policy of this organization that any member who participates with junior members in any capacity, including supervisory personnel, club directors, team representatives, coaches, chaperones and trainers 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.

Print Name _____ Date _____

Signature _____

DISQUALIFIERS:

I understand that disqualification from all junior events and/or activities will result if I have been found guilty, pled guilty; or pled nolo contendere for criminal convictions for ALL Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offences in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes against children.

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 of 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 _____