

Club Registration Checklist

Required Item	Completed & Signed (by Parent)	Accepted (dated by CCV Board Member)
USAV Registration Form ; completed and signed on both pages by the Player, and a Parent.		
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.		
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.		
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.



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

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

Standard 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 **\$525**. The amount you owe up front for registration is **\$150**. 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 **\$625**. The amount you owe up front for registration is **\$150**.

The BALANCE DUE is **\$375/\$475**. 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.**

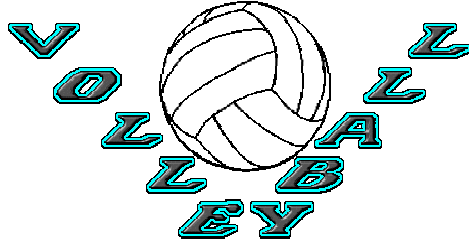
Player name and signature

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- Xtreme 16- Cobras 14-Strykers 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____ \$20.00

CCV T-Shirt size: SM____ MED____ LG____ XLG____ \$12.00

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: _____

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES

2010 USA YOUTH & JUNIOR OLYMPIC 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. **By signing this form the participant affirms having read it.**

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

Parent or Guardian of Athletes under 18 years 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 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

INTENTIONALLY

LEFT

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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.**

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

Parent or Guardian of Athletes under 18 years 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 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

INTENTIONALLY

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CLUB COCHISE PAYMENT COUPONS
Standard 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 \$525 of which \$150 is due up front and non-refundable as your child's registration fees. The remaining \$375 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 <p align="right">\$95.00</p> 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 <p align="right">\$95.00</p> 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 <p align="right">\$95.00</p> 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 <p align="right">\$90.00</p> 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	