



**ARIZONA REGION
USA VOLLEYBALL
2009 INDIVIDUAL MEMBERSHIP FORM**

Signatures required on both sides or pages

SECTION I

PERSONAL INFORMATION

LEGAL FIRST NAME: _____ MI: _____ LEGAL LAST NAME: _____
 ADDRESS: _____ OCCUPATION: _____
 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 - High School Grad Year: _____
 Check box if address has changed in the past year.
 Check box if name has changed in the past year. Previous: _____
 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:

I choose not to respond White, not Hispanic or Latino
 American Indian or Alaskan Native, not Hispanic or Latino Asian, not Hispanic or Latino
 Black or African American, not Hispanic or Latino Hispanic or Latino
 Two or more races, not Hispanic or Latino 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

Year 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'ls 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 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"/> Other _____	<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"/> 10 & Under <input type="checkbox"/> 15 & Under	2 Head and Asst Coach submit Code of Ethics;
<input type="checkbox"/> BB	<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 agree to allow USA Volleyball or it's Regional Volleyball Assn's to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me. 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 members

Individual's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If registrant 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 (USA).
- 2 Possession, consumption or distribution of alcohol and / or tobacco if illegal or in violation of RVA or USAV policy. 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 US/ sanctioned junior event.
- 3 Use of a recognized identification card by anyone other than the individual described on the card.
- 4 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).
- 5 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.
- 6 Any action considered to be an offense under Federal, State or local law ordinances.
- 7 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).
- 8 Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- 9 Physical or verbal intimidation of any individual.
- 10 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.
Second	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration for one year starting from the date of infraction.
	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.
Third	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration for two years starting from the date of infraction.
		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 RVA membership or USAV registration after the first infraction. Penalties are only applied after affording the individual due process as required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, RVA and USAV. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes of the RVA and USA Volleyball as printed in the current RVA Handbook and Official USA Volleyball Guide, 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.

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 Code of Conduct (Section II above) and have reviewed the Codes with my child regarding the stipulated conditions and their ramifications. 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.

(Revised 08/06/2008)

\$20

Arizona Region Volleyball Association 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 denial of membership.

A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

Print Name _____ Date _____

Signature _____