



# 2019-2020 INDIVIDUAL MEMBERSHIP FORM

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed legibly, only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is **not transferable** from one person to another. Additional RVA requirements may apply.

## MEMBERSHIP APPLICATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Check box if name has changed in the past year. If yes, please provide previous name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

\*\*\*\*Required for all Junior Club Staff: Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (For Adult Staff Membership Only)

GENDER:  Male  Female E-MAIL: \_\_\_\_\_

JUNIORS ONLY:		HOME PHONE:
GRADE (2019/2020 School Year) _____		_____
HIGH SCHOOL GRAD YEAR _____		CELL PHONE: _____

- Check if you do NOT wish to receive USAV e-newsletters
- Check if you are disabled physically (for Paralympic Talent ID)
- Check box if you do NOT wish to be on USAV master 3<sup>rd</sup> party list.
- Check if you are hearing impaired/deaf (for USA Deaflympic Talent ID)
- Check if you do NOT wish to receive Region e-newsletters
- Check if you have served in the armed forces

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

### Membership Options (Annual fees per person)

- |  |         |   |         |
|--|---------|---|---------|
| <input type="checkbox"/> Adult Staff Membership                    | \$85.00 | <input type="checkbox"/> Adult Player                                     | \$65.00 |
| <input type="checkbox"/> Senior <b>Player</b> Membership (Age 60+) | \$35.00 | <input type="checkbox"/> Referee Membership                               | \$65.00 |
| <input type="checkbox"/> Junior Membership                         | \$65.00 | <input type="checkbox"/> Extended Official:                               | \$10.00 |
| <input type="checkbox"/> Chaperone Membership                      | \$65.00 | <input type="checkbox"/> <b>Optional</b> Donation to USA Team Programs. * | \$5.00  |

\*\$1 will be donated to each: Men's and Women's National Teams, High Performance Girls and Boys and Regional Junior Develop

### Participant Role(s)

(Check all that apply – Depending on selection, additional requirements may apply)

- Player  Head Coach  Club Director  Team Rep  Chaperone  Referee  Other \_\_\_\_\_

### ACKNOWLEDGEMENT/USE AGREEMENT

- I, a prospective or current member of USA Volleyball and/or one of its Regions, agree to abide by and be bound by the applicable Bylaws, rules, regulations, Code of Conduct, competition rules of USA Volleyball, as well as the safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport, as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for SafeSport and agree that any sanctions imposed by the Center extend to my participation in all USA Volleyball events or activities, or events and activities of other NGBs, and may be posted publicly and include information regarding the misconduct involved.
- I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.
- I hereby agree to be filmed, video, audio, digitally recorded and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any and all forms of media now existing or hereafter developed (the "Media"), during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by USAV/RVA (the "Footage").
- I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all Media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete or other USAV/RVA-sanctioned events, (3) promotion of the Sport, (4) promotion of USAV or RVA, or both, (5) the promotion of players for recruiting or scouting purposes, or (6) for educational purposes, provided that, in no event may USAV/RVA use or authorize the use of the Footage in any manner that would directly imply my endorsement of any company, product, or service, without my written permission.
- The current FIVB Sports Regulations stipulate that the Federation that is the first to issue a national license for the player is considered to be the player's Federation of Origin regardless of the player's citizenship. The current FIVB interpretation of "issue a national license" means registering with the Federation (in our case, USA Volleyball). Therefore, please be advised that if you register with USA Volleyball, and subsequently desire to represent another country in international competition, you may be subject to the FIVB regulations regarding "Change of Federation of Origin," which includes the payment of significant fees to the FIVB and review and approval of such application by the FIVB.
- I hereby certify that the information provided herein is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

If applicant is under 18 years of age:

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian E-Mail: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

SIGNATURE REQUIRED

**REQUIRED FOR PARTICIPATION: Total of 4 signature(s) for Junior participant and parent – 2<sup>nd</sup> thru 4<sup>th</sup> signatures on 2<sup>nd</sup> page  
Total of 3 signature(s) for Adult participant–2<sup>nd</sup> and 3<sup>rd</sup> signature on 2<sup>nd</sup> page**

**USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above;** b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

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 fully consent to my child's participation in USAV/RVA events.

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**USA VOLLEYBALL CODE OF CONDUCT**

**THE FOLLOWING ACTIONS ARE PROHIBITED:**

1. Violation of any anti-doping policies, protocols or procedures as defined by the International Olympic Committee (IOC; [www.olympic.org](http://www.olympic.org)), World Anti-Doping Agency (WADA; [www.wada-ama.org](http://www.wada-ama.org)), Federation Internationale de Volleyball (FIVB; [www.fivb.org](http://www.fivb.org)), US Anti-Doping Agency (USADA; [www.usada.org](http://www.usada.org)) or the United States Olympic Committee (USOC; [www.teamusa.org](http://www.teamusa.org)). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport ([www.safesport.org](http://www.safesport.org)), as they may be amended from time to time.
3. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
4. USAV policy prohibits the possession, consumption or distribution of alcohol and/or tobacco by anyone registered as a junior volleyball player at the event venue of any USAV/RVA sanctioned junior event.
5. Use of a recognized identification card by anyone other than the individual described on the card.
6. 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.)
7. Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned events.
8. Any action considered to be an offense under Federal, State or local law ordinances.
9. Violation of the specific policies, regulations, and/or procedures of the USAV, RVA or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations and procedures.)
10. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
11. Physical or verbal intimidation of any individual.
12. Actions that will be detrimental to USAV or the RVA.

**USA VOLLEYBALL DISCIPLINARY POLICY:**

Infraction	When Occurred	Suggested Maximum Penalty
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 USAV registration or RVA membership for one year starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership 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 USAV registration or RVA membership for two years starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
Third		Individual may be declared ineligible for USAV registration or RVA membership for the remainder of his/her lifetime.
<b>NOTE:</b>		Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to a lifetime ineligibility for USAV registration or RVA membership after the first infraction.

**Sanctions are applied after affording the participant due process that may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations and matters under the jurisdiction of the U.S. Center for SafeSport, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA respectively. USADA and the U.S. Center for SafeSport retain the sole ability to determine any and all sanctions in those matters under their respective and exclusive jurisdictions..**

- I have read and understand the USA Volleyball Code of Conduct and Disciplinary Policies
- I agree and consent to abide by the USA Volleyball Code of Conduct and Disciplinary Policies and other region specific code of conducts and/or disciplinary policies.
- I understand that, if I violate the USAV and/or RVA Codes of Conduct, I might be subject to disciplinary action in accordance with USAV and/or RVA Disciplinary Policies.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**SCVA Club Participation Agreement**

I agree that I will be affiliated with the above named club for the 2019/2020 sanctioned season, and that I am aware of the Junior Player Eligibility Requirements. I am aware that for a club to be eligible for regional competition the club and the individual must abide by the tryout dates and commitment dates established by the SCVA.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

SIGNATURE REQUIRED

SIGNATURE REQUIRED

SIGNATURE REQUIRED

## SCVA Letter of Commitment – Junior Boys

DO NOT SIGN WITHOUT READING CAREFULLY. DO NOT SIGN PRIOR to September 10th, 2019.

This requirement has been created to protect the player and parent/guardian as a member of a club.

1. Basic Penalty. I understand that by signing this letter. I am committed to joining the club named with this document for the entire 2019/2020 season. If I compete for another club, I may be subject to suspension for the remainder of the season.
  - a. Early Signing Period. A player who signs a Letter of Commitment before September 10, 2019 is subject to suspension for the entire season. A club representative may not ask a player to sign prior to September 10, 2019 either.
  - b. A player may not sign a Letter of Commitment before September 10, 2019 regardless of the date of the tryout. A player who signs a Letter of Commitment or a club that allows a player to sign at a tryout date prior to September 10th is subject to suspension for the entire season. Under no conditions may the Letter of Commitment be pre-signed or pre-dated before this time frame. In turn, no deposit monies, team or club fees can be collected before September 10, 2019.
  - c. Only One Letter of Commitment Permitted. A player who signs more than one Letter of Commitment with more than one club is subject to suspension for the entire 2019/2020 season.
2. Verbal Commitments. A player may commit verbally to a club prior to September 10, 2019. A verbal commitment is not binding. The player may revoke the commitment at any time, before signing the Letter of Commitment, without penalty.
3. Recruiting Ban after Signing. I understand that all clubs are obligated to respect my signing and shall cease to recruit me upon my signing this document. I shall notify any recruiter who contacts me that I have signed.
4. Club Signatures Required Prior to Submission to the SCVA. This document must be signed and dated by the Club Director before being submitted to the SCVA along with other registration documents.
5. Parent/Guardian Signature Required. My parent, or legal guardian, is required to sign this Letter of Commitment if I am less than 21 years of age at the time of signing.
6. Falsification of Letter of Commitment. If I falsify any part of this Letter of Commitment, including the date, I understand that I am subject to suspension for the entire 2019/2020 season.
7. Nullification of Other Agreements. My signature on this Letter of Commitment nullifies any agreements, verbal or otherwise, which would release me from the conditions stated within this document.
8. Binding Agreement. I understand that I have signed this Letter of Commitment with the club and not with a particular individual. If the coach or any player(s) leave the team, I remain bound by the provisions of this document for the entire 2019/2020 season. I certify that I have read all terms and conditions in this document. I have discussed them with the club representative named within, and I fully understand, accept, and agree to be bound by them.

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**NOTE: IT IS A VIOLATION OF SCVA POLICY TO POST-DATE THIS DOCUMENT**  
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Club Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Club Director: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  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:  
  
 Please list any medications currently being taken:  
  
 In the past 24 months, have you been tested, diagnosed and/or treated for a concussion:  Yes  No  
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:  
  
 Please list 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