



2009 CAROLINA REGION – USA VOLLEYBALL INDIVIDUAL MEMBERSHIP FORM

PLEASE TYPE OR PRINT IN INK

SEND COMPLETED FORM AND
MEMBERSHIP FEES (Payable) TO:
CAROLINA REGION/USAV
P.O. BOX 1757
CLEMMONS, NC 27012-1757

REGISTRATION EFFECTIVE FROM SEPTEMBER 1, 2008 THROUGH OCTOBER 31, 2009

SECTION 1: PERSONAL INFORMATION

FIRST NAME:		M.I.	LAST NAME:																						
ADDRESS:		CITY:	ST:	ZIP:																					
HOME PHONE: ()		WORK PHONE: ()																							
FAX NO: ()	EMAIL:		You will be added to USAV Rotations email list. To opt out, check box at right:																						
DATE OF BIRTH:	CELL PHONE: ()		School Grade (1 st -12 th): (Junior members only)																						
CLUB NAME: (if applicable)		TEAM NAME: (or "unaffiliated"/"official")																							
<p>MEMBERSHIP TYPE (CHECK ONLY ONE)</p> <input type="checkbox"/> REGULAR-Adult \$45.00 (Adult players, Officials, Coaches for adult teams)		<p>INDIVIDUAL GENDER</p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<p>STATUS (CHECK ALL THAT APPLY FOR ABOVE LISTED TEAM)</p> <input type="checkbox"/> PLAYER <input type="checkbox"/> CLUB REPRESENTATIVE (only 1 per Club) <input type="checkbox"/> TEAM REPRESENTATIVE (only 1 per team) <input type="checkbox"/> COACH <input type="checkbox"/> CHAPERONE <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER _____ (trn directors, supporters, etc)																						
<input type="checkbox"/> REGULAR-Junior \$45.00 (Adults on Jr teams - Team/Club Reps, Coaches, Chaperones)																									
<input type="checkbox"/> JUNIOR PLAYER (Girls 12-18) \$45.00 <input type="checkbox"/> YOUTH (under 11) & all Boys (under 18) \$15.00 <input type="checkbox"/> SUMMER (after May 1, 2009) \$15.00 <input type="checkbox"/> ONE-DAY ONE-EVENT (list date) \$5.00 <input type="checkbox"/> MULTI-DAY ONE-EVENT (list dates) \$10.00 (Hi Neighbor, Jr Hi Neighbor, Quest)		<p>ARE YOU A NEW MEMBER THIS SEASON?</p> <input type="checkbox"/> YES (Never an adult or Junior USAV member at any time in past)	<p>TEAM/PLAYER LEVEL:</p> <table border="1"> <tr> <th>ADULT</th> <th colspan="2">JR AGE GROUP</th> </tr> <tr> <td><input type="checkbox"/> AA/A/Gold</td> <td><input type="checkbox"/> 10s</td> <td><input type="checkbox"/> 11s</td> </tr> <tr> <td><input type="checkbox"/> A/BB/Silver</td> <td><input type="checkbox"/> 12s</td> <td><input type="checkbox"/> 13s</td> </tr> <tr> <td><input type="checkbox"/> BB/B/Bronze</td> <td><input type="checkbox"/> 14s</td> <td><input type="checkbox"/> 15s</td> </tr> <tr> <td>JUNIOR</td> <td><input type="checkbox"/> 16s</td> <td><input type="checkbox"/> 17s</td> </tr> <tr> <td><input type="checkbox"/> Platinum <input type="checkbox"/> Gold</td> <td colspan="2"><input type="checkbox"/> 18s</td> </tr> <tr> <td><input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Copper</td> <td colspan="2"></td> </tr> </table>		ADULT	JR AGE GROUP		<input type="checkbox"/> AA/A/Gold	<input type="checkbox"/> 10s	<input type="checkbox"/> 11s	<input type="checkbox"/> A/BB/Silver	<input type="checkbox"/> 12s	<input type="checkbox"/> 13s	<input type="checkbox"/> BB/B/Bronze	<input type="checkbox"/> 14s	<input type="checkbox"/> 15s	JUNIOR	<input type="checkbox"/> 16s	<input type="checkbox"/> 17s	<input type="checkbox"/> Platinum <input type="checkbox"/> Gold	<input type="checkbox"/> 18s		<input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Copper		
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<p>----- ADDITIONAL FEES (Check all that apply) -----</p> <input type="checkbox"/> BACKGROUND SCREEN FEE \$17.50 (For Regular-Junior members above if needed. Good 2 seasons)		<p>USAV is committed to diversity. This information is used to report aggregate data to the United States Olympic Committee. Please check one of the following. Your response is VOLUNTARY.</p> <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian, not Hispanic or Latino <input type="checkbox"/> Two or more races, not Hispanic <input type="checkbox"/> White, not Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> DISABLED PHYSICALLY (for Paralympic Talent ID) <input type="checkbox"/> HEARING IMPAIRED/DEAF (USA Deaflympic Talent ID)																							
<input type="checkbox"/> EXTENDED OFFICIALS INSURANCE \$6.85 <input type="checkbox"/> LATE FEE \$5.00 (Registrations are due one week before event. May register less than one week before if we RECEIVE form and payment with late fee by Thursday before the event. Applicable for Indoor events only.)																									
<p>ADDITIONAL MEMBER INFORMATION</p> <input type="checkbox"/> CHECK IF YOU DO NOT WISH TO BE ON THE USAV MASTER 3 RD PARTY LIST		<p>HIGH PERFORMANCE:</p> <input type="checkbox"/> Check box for an OPTIONAL \$5 Donation to USA Team Programs (add to fees above). \$1 will be donated to each: Men's and Women's National Teams, Girl's & Boy's HP teams, and Carolina Region HP teams.																							

SECTION 2: CAROLINA REGION/USA VOLLEYBALL WAIVER and RELEASE OF LIABILITY

NOTE: This form must be read and signed (on back/page 2) before the Carolina Region/USAV member listed above is allowed to take part in any sanctioned training, competition, practice/warm-up sessions, meetings or testing sessions. By signing, you agree that you will be affiliated with the above-named team (unaffiliated members and coed excepted) for the current sanctioned season. You agree to allow the Carolina Region and USA Volleyball to utilize your photograph or any likeness of you created from your participation in USA Volleyball sanctioned events or programs, without your approval in advance of such use, and without financial or other compensation due to you. 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.

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.

**** PLEASE READ & SIGN REVERSE SIDE OF FORM ****

SECTION 3: USA VOLLEYBALL PARTICIPANT 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), World Anti-Doping Agency (WADA), Federation Internationale de Volleyball (FIVB), US Anti-Doping Agency (USADA) or the United States Olympic Committee (USOC). Violations of this provision will be adjudicated only by the 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 Carolina Region 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 USAV sanctioned 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 or 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 Carolina Region, 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 Carolina Region.

CAROLINA REGION/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 Carolina Region membership or USAV registration for one year starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for Carolina Region 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 Carolina Region membership or USAV registration for two years starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for Carolina Region membership or USAV registration for two years starting from the date of infraction.
Third		Individual may be declared ineligible for Carolina Region membership or USAV registration for the remainder of his/her lifetime.
<p>NOTE: Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to a lifetime ineligibility for Carolina Region membership or USAV registration after the first infraction. Penalties are only applied after affording the participant due process as required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, Carolina Region, and USAV. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating code of USA Volleyball and the Carolina Region as printed in the current <u>Official USA Volleyball Guide</u> and <u>Carolina Region Team Handbook</u>, respectively.</p>		

SECTION 4: SIGNATURES 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 pages – front and back);
2. I have read and understand the RVA and USAV Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability;
3. I understand that the Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by the Carolina Region/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 Code of Conduct, Disciplinary Policies, and Waiver and Release of Liability set forth herein; and
6. I understand that, if I violate the Carolina Region or USAV Codes of Conduct, I might be subject to disciplinary action in accordance with the Carolina Region 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 III above) and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in Carolina Region/USAV events.

Parent/Guardian's Printed Name _____ **Parent/Guardian's Signature** _____ **Date Signed** _____

NOTE: This form must be read and signed before the Carolina Region member listed on the other side is allowed to take part in any sanctioned training, competition, practice/warm-up sessions, meetings/clinics or testing sessions.

