



2016-2017 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

LEGAL FIRST NAME: _____ MI: _____ LEGAL LAST NAME: _____
 Check box if name has changed in the past year. If yes, please provide previous name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

GENDER: Male Female E-MAIL: _____
(USA Volleyball does **NOT** provide e-mail addresses to third parties)

JUNIORS ONLY:
GRADE (2016/2017 School Year) _____
HIGH SCHOOL GRAD YEAR _____
SCHOOL NAME: _____

HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____

Check box if you do NOT wish to be on USAV master 3rd party list. Check box if you do NOT wish to receive USAV electronic news.

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
 American Indian or Alaskan Native, not Hispanic or Latino
 Black or African American, not Hispanic or Latino
 Two or more races, not Hispanic or Latino
Are you:
 Hearing impaired/deaf (for USA Deaflympic Talent ID)
 White, not Hispanic or Latino
 Asian, not Hispanic or Latino
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
 Disabled Physically (for Paralympic Talent ID)

Membership Options (Annual fees per person)

<input checked="" type="checkbox"/> ERVA Tryout Membership	\$8.00	<input type="checkbox"/>	\$
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
<input type="checkbox"/> Extended Officials Insurance	\$ 6.85	<input type="checkbox"/> Optional 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 Development

Participant Role(s)

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

Player Head Coach Assistant Coach Team Rep Chaperone Official Other _____

ACKNOWLEDGEMENT/USE AGREEMENT

- 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, 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 Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by the 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, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize 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 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 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: _____

REQUIRED FOR PARTICIPATION: Total of 3 signature(s) for participant and/or parent – 2nd & 3rd signatures on 2nd page

SIGNATURE REQUIRED

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:

- 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 USADA or the proper anti-doping authority, not USA Volleyball (USAV).
- Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USA Volleyball (USAV) or Regional Volleyball Association (RVA) policy.
- 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.
- Use of a recognized identification card by anyone other than the individual described on the card.
- 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.)
- 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.
- Any action considered to be an offense under Federal, State or local law ordinances.
- 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.)
- Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- Physical or verbal intimidation of any individual.
- 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 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.
NOTE :		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.

Penalties are only applied after affording the participant due process as 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.

- 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: _____



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

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3^d International Conference on Concussion in Sport
 Document created 6/15/2009

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

_____	_____	_____
Athlete- Name Printed	Athlete Signature	Date

_____	_____	_____
Parent/Legal Guardian- Name Printed	Parent Legal Guardian Signature	Date

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