



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

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.