



**USA VOLLEYBALL
2005 INDIVIDUAL MEMBERSHIP FORM**



USAV FLORIDA REGION
13900 CR 445 Suites #107-133
Clermont FL 34711

PERSONAL INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____ OCCUPATION: _____

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

HOME PHONE: (____) _____ WORK PHONE: (____) _____ FAX: (____) _____

E-MAIL: _____ SOCIAL SECURITY # ____/____/____

- 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.
 GENDER M F High School Grad Year: _____ (Juniors Only)

This information is utilized for identification purposes by your insurance provider. The confidentiality of this information is protected by Federal law.

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:

African American or Black Asian or Pacific Islander
 Caucasian (White, not of Hispanic origin) Hispanic or Latino
 Multiracial or Mixed Race Native American or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Are you:
 Hearing impaired/deaf (for USA Deaflympic Talent ID) Disabled Physically (for Paralympic Talent ID)
 * Your response is voluntary.

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 Girls and Boys and Regional Junior Development

MEMBERSHIP INFORMATION

Year last registered in USAV: _____ (state, NEW if first year ever)

TYPE OF MEMBERSHIP	STATUS	REFEREE STATUS	SCOREKEEPER STATUS	COACHING CERT.
<input type="checkbox"/> Regular \$ 40.00	<input type="checkbox"/> Player	<input type="checkbox"/> International	<input type="checkbox"/> International	<input type="checkbox"/> IMPACT
<input type="checkbox"/> Jr. Olympic Volleyball \$ 40.00	<input type="checkbox"/> Coach	<input type="checkbox"/> National	<input type="checkbox"/> National	<input type="checkbox"/> CAP Level I
<input type="checkbox"/> Chaperone Only \$ 15.00	<input type="checkbox"/> Team Rep.	<input type="checkbox"/> Jr. National	<input type="checkbox"/> Jr. National	<input type="checkbox"/> CAP Level II
<input type="checkbox"/> Outdoor \$ 15.00	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Regional	<input type="checkbox"/> Regional	<input type="checkbox"/> CAP Level III
<input type="checkbox"/> Jr. Club Tryout \$ 10.00	<input type="checkbox"/> Other _____	<input type="checkbox"/> Provisional	<input type="checkbox"/> Provisional	<input type="checkbox"/> CAP Level IV
<input type="checkbox"/> Adult FL Region only \$ 15.00		<input type="checkbox"/> Jr. Provisional	<input type="checkbox"/> Jr. Provisional	
<input type="checkbox"/> Extended Official \$ 6.85	(check all that apply)	<input type="checkbox"/> Other (if USAV certified)	<input type="checkbox"/> Other (if USAV certified)	
<input type="checkbox"/> FL High Performance \$ 1.00				
Donation				
(Annual fees per person)				

TEAM INFORMATION

CURRENT TEAM NAME: _____ TEAM GENDER: M F

TEAM DIVISION	JR. LEVEL	ANNUAL TEAM FEE
<input type="checkbox"/> AA <input type="checkbox"/> Other _____	<input type="checkbox"/> 10/Youth <input type="checkbox"/> 15 & under	(per team if a club) (in addition to individual)
<input type="checkbox"/> A	<input type="checkbox"/> 11 & under <input type="checkbox"/> 16 & under	\$ 5.00 Regular Adult
<input type="checkbox"/> BB	<input type="checkbox"/> 12 & under <input type="checkbox"/> 17 & under	\$ 5.00 Junior Olympic Volleyball
<input type="checkbox"/> B	<input type="checkbox"/> 13 & under <input type="checkbox"/> 18 & under	NOTE: There is no Team Fee for team playing Coed ONLY
<input type="checkbox"/> Check box if Coed	<input type="checkbox"/> 14 & under	

I agree that I will be affiliated with the above-named team (unaffiliated members & Coed excepted) for the current sanctioned season. I agree to allow USA Volleyball 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.

Individual's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
 (if registrant under 18 years of age)

MAKE CHECKS PAYABLE TO: USAV FLORIDA REGION
 Mail registration & waiver to:
 USAV FLORIDA REGION
 13900 CR 445 Suites #107-133
 Clermont FL 34711

OFFICIAL USE ONLY:

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

SECTION II USA VOLLEYBALL PARTICIPANT CODE OF CONDUCT

THE FOLLOWING ACTIONS ARE PROHIBITED:

1. Illegal transport, illegal possession, or use of illegal drugs or other substances banned by the RVA or USAV. (NOTE: Disciplinary actions for use of banned substance shall be in accordance with a USAV Drug Policy Program).
2. Use of a recognized identification card by anyone other than the individual described on the card.
3. 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.)
4. 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.
5. Any action considered to be an offense under Federal, State or local law ordinances.
6. 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.)
7. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
8. Physical or verbal intimidation of any individual.

USA VOLLEYBALL DISCIPLINARY POLICY:

Infraction	When Occurred	Suggested Maximum Penalty **
First	Before or during event	Individual disqualified immediately (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for RVA membership or USAV registration for one year starting from the date of infraction.
	After event concludes	The individual will 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 immediately (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for RVA membership or USAV registration for two years starting from the date of infraction.
	After event concludes	The individual will be declared ineligible for RVA membership or USAV registration for two years starting from the date of infraction.
Third		Individual will be immediately 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 immediate lifetime ineligibility for RVA membership or USAV registration.

**** Appeals may be made in accordance with procedures set forth in the bylaws and operating code 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) **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.

SECTION IV SIGNATURE(S) REQUIRED

In consideration of the rights and privileges granted to me by my membership with the RVA, a USAV RVA Member, 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 USAV Code of Conduct, Disciplinary Policy, and Waiver and Release of Liability;
3. I have a duty to read and understand the RVA Code of Conduct and Disciplinary Policies;
4. 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 RVA/USAV in which I participate;
5. I understand that I have given up substantial rights;
6. I (or my parent or legal guardian) am at least eighteen (18) years old;
7. I agree and consent to abide by the USAV Code of Conduct, Disciplinary Policies, and Waiver and Release of Liability set forth herein and the Code of Conduct and Disciplinary Policies of any RVA in which I participate; and
8. 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 Code 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 _____ (Revised 11/1/03)

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