

USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM

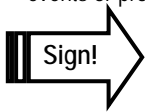
- JUNIOR PLAYERS ONLY -

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

I, THE PARTICIPANT, AFFIRM THAT I AM **EIGHTEEN (18) YEARS OF AGE OR OLDER**, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN OR OFFICIATING 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 a result of gross negligence and/or wanton misconduct of persons or entities listed below*, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: USA Volleyball, its Regional Volleyball Associations, and the Southern California Volleyball Association (SCVA); the tournament director, 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 for any of the claims or liabilities that have waived, released or discharged herein; 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.

I agree to allow USA Volleyball and/or the SCVA 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.

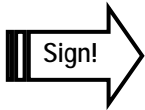


Printed Name

Participant's Signature

Date Signed

THE PLAYER IS **UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE**. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.) The undersigned Parent or Guardian (circle one) of _____ (minor's name) hereby 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 mentioned above 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.



Printed Name

Parent/Guardian's Signature

Date Signed

SOUTHERN CALIFORNIA VOLLEYBALL ASSOCIATION 2004/2005 INDIVIDUAL MEMBER FORM - JUNIORS

PLAYER NAME: _____ DOB: _____
First M.I. Last

COMPLETE MAILING ADDRESS: _____ SS #: _____
Street

ADDRESS: _____ GENDER: M F (circle one)
City State Zip Code

HOME PHONE: () _____ GRADE: _____ GRAD YEAR: _____

EMAIL: _____ CLUB NAME: _____

Membership Fees

- \$40 Junior Membership
 \$5 Voluntary Donation to USAV
*(\$1 each to: Men's/Women's National teams,
USA Boys/Girls' High Performance teams, Region)*

Membership Type (check one or more)

- Player Official
 Coach Other

Have you EVER registered with the USAV/SCVA before? Y N

USA Volleyball is committed to diversity - Your response is voluntary

- Caucasian Hispanic Asian-American or Pacific Islander Check if you want to be on the USAV 3rd party mailing list
 African American Native American Multi-racial (please specify) _____ Check if you are hearing impaired or deaf for ADVA info

Return payment and forms to Club Director.

EACH PARTICIPANT MUST SIGN BOTH SIDES OF THIS FORM TO BE ELIGIBLE FOR MEMBERSHIP

SCVA ♦ P.O. Box 892200 ♦ Temecula, CA 92589 ♦ (951) 296-9595

USA VOLLEYBALL CODE OF CONDUCT & ELIGIBILITY

In consideration of the rights granted to me by my membership with the Regional Volleyball Association (RVA), the Southern California Volleyball Association (SCVA) or USA Volleyball (USAV) Group D member, I consent to abide by the rules of conduct set forth herein, while I am a member of the SCVA or other RVA. I understand that these rules extend to my conduct in activities related to, and during any SCVA/RVA/USAV sanctioned event in which I participate. This includes all events or activities sanctioned or sponsored by USAV, the SCVA or the RVAs, practice, travel to and from events, volleyball camps, and players' clinics. *I also understand that if I violate any of the following rules, I might be subject to whatever disciplinary action is deemed appropriate by the authorized person, persons, boards or committees of USA Volleyball, the SCVA or the RVAs.*

THE FOLLOWING ACTIONS ARE PROHIBITED

- 1) Illegal transport, illegal possession, or illegal use of drugs or other substances banned by USAV, SCVA or RVA. (NOTE: Disciplinary actions for use of banned substances shall be in accordance with 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, other weapons or any item or material which, by commonly accepted practices and principles, would be a hazard or harmful to other persons or property.
- 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 any 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/SCVA/RVA DISCIPLINARY POLICY

Infraction	Suggested Maximum Penalty**
♦ First	♦ Immediate disqualification. If individual is a junior and the infraction occurred at a USAV event, he/she will be sent home as soon as possible, at his/her expense, and the parent/guardian notified. The individual will be declared ineligible for USAV registration or SCVA/RVA membership for one year starting from the date of the infraction.
♦ Second	♦ Immediate disqualification. If individual is a junior and the infraction occurred at a USAV event, he/she will be sent home as soon as possible, at his/her expense, and the parent/guardian notified. The individual will be declared ineligible for USAV registration or SCVA/RVA membership for two years starting from the date of the infraction.
♦ Third	♦ Individual will immediately be declared ineligible for USAV registration or SCVA/RVA membership for the remainder of his/her lifetime.

***Appeals may be made in accordance with procedures set forth in the bylaws and operating code of USA Volleyball, the SCVA and the RVA as printed in the current Official USA Volleyball Guide and RVA Handbook, respectively.*

NOTE: Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to immediate lifetime ineligibility for USAV registration or SCVA/RVA membership.

PLAYER ELIGIBILITY

Junior Girls: I agree that I will be affiliated with the above named club for the 2004/2005 sanctioned season and I am aware of the Junior Girls Eligibility Requirements. Any transfers MUST be requested in writing (along with release letters) to the SCVA office by **February 25, 2005**. No transfers will be allowed after February 25, 2005 or between the SCVA Regionals and the Volleyball Festival and/or Junior Nationals. Consult Club Director for details.

Junior Boys: I agree that I will be affiliated with the above club for either the fall of 2004 or the spring of 2005. Any transfers must be approved by the SCVA office. No transfers will be awarded, under any circumstances, after **June 3, 2005**.

As evidenced by my signature, I certify that I have read and understand all for the foregoing and consent to abide by the rules as set forth herein.

	<i>Participant's Signature</i>	<i>Date Signed</i>
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FOR ATHLETES OF MINORITY AGE - (under the age of 18 at the time of registration). This is to certify that I, as parent/guardian of the participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I consent to his/her participation in the programs conducted under the auspices of USA Volleyball, the SCVA and the Regional Volleyball Association of which he/she is a member.

	<i>Parent/Guardian's Signature</i>	<i>Date Signed</i>	<i>Parent/Guardian's Name (please print)</i>	<i>Relationship</i>
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EACH PARTICIPANT MUST SIGN BOTH SIDES OF THIS FORM TO BE ELIGIBLE FOR MEMBERSHIP