

# SCVA TRYOUT PROCEDURES

TO BE POSTED AT ALL CLUB TRYOUTS

1. JUNIOR GIRLS CLUB TRYOUTS WILL OPEN ON SATURDAY, AUGUST 4, 2018, FOR GIRLS AGES 15 AND UNDER THROUGH 18 AND UNDER AND ALL HIGH SCHOOL AGED PLAYERS.
2. JUNIOR GIRLS CLUB TRYOUTS WILL OPEN ON SATURDAY, OCTOBER 6, 2018, FOR GIRLS AGES 14 AND UNDER.
3. TRYOUTS ARE LIMITED TO ONE SESSION PER AGE GROUP PER DAY WITH A 2 ½ HOUR MAXIMUM ON THE TRYOUT.
4. NO DEPOSITS MAY BE ACCEPTED AT TRYOUTS UNDER ANY CIRCUMSTANCES.
5. EACH PLAYER/PARENT/GUARDIAN WILL SIGN A LETTER OF COMMITMENT.
6. THE LETTER OF COMMITMENT MAY NOT BE SIGNED PRIOR TO MONDAY, AUGUST 6<sup>TH</sup> FOR 15 AND UNDER THROUGH 18 AND UNDER GIRLS, AND TUESDAY, OCTOBER 8<sup>TH</sup> FOR 14 AND UNDER GIRLS.
7. AFTER AUGUST 6<sup>TH</sup> AND OCTOBER 6<sup>TH</sup> 2018, A LAYER/PARENT/GUARDIAN MAY TURN IN A LETTER OF COMMITMENT AND CLUB DEPOSIT TO ONE CLUB.



## USA VOLLEYBALL JUNIOR PLAYER AGE DEFINITION For use during the 2018-2019 Season

To determine the correct age division, please find the Month of Birth in the left column and then the year of birth in the same row. The heading of the column matching the Year of Birth is the correct age bracket.

	18 & Under <sup>1</sup>	18 & Under	17 & Under	16 & Under	15 & Under <sup>2</sup>	14 & Under	13 & Under	12 & Under	11 & Under	10 & Under	9 & Under	8 & Under
Sept	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Oct	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nov	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Dec	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Jan	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Feb	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mar	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Apr	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
May	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
June	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
July	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Aug	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011

<sup>1</sup> Players who were born on or after September 1, 2000 OR players who were born on or after September 1, 1999 and a high school student in the twelfth (12<sup>th</sup>) grade or below during some part of the current academic year.

<sup>2</sup> **Male Only** - Players who were born on or after September 1, 2004 OR players who were born on or after September 1, 2003 (15 years or younger) who shall neither have completed nor are in a grade higher than the eighth (8<sup>th</sup>) grade during the current academic year **are eligible to play in the 14 & Under division**. This exception is based on the net height difference of 7'4 1/8" to 7'11 5/8" between the 14 and Under Division to the 15 and Under Division.

The Age Definition Policy was most recently revised by the USA Volleyball Board of Directors on January 19, 2002.

The classification cut-off date of September 1 was reviewed by the USAV Junior Assembly and the USA Regional Volleyball Association Assembly prior and during the USAV 2016 Annual Meetings and research justified the continuation of the cut-off date of September 1.



## 2018-2019 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

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Check box if name has changed in the past year. If yes, please provide previous name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

\*\*\*\*Required for all Junior Club Staff: Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (For Adult Staff Membership Only)

GENDER:  Male  Female E-MAIL: \_\_\_\_\_

(USA Volleyball does **NOT** provide e-mail addresses to third part

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Check box if you do NOT wish to be on USAV master 3<sup>rd</sup> 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  White, not Hispanic or Latino

American Indian or Alaskan Native, not Hispanic or Latino  Asian, not Hispanic or Latino

Black or African American, not Hispanic or Latino  Hispanic or Latino

Two or more races, not Hispanic or Latino  Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Are you:  Disabled Physically (for Paralympic Talent ID)

Hearing impaired/deaf (for USA Deaflympic Talent ID)

### Membership Options (Annual fees per person)

Adult Staff Membership \$75.00  Adult Player Membership \$65.00

Senior Membership (Age 60+) \$35.00  Referee Membership \$65.00

Junior Membership \$65.00  Extended Official: \$10.00

Chaperone Membership \$55.00  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 Develop

### Participant Role(s)

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

Player  Head Coach  Assistant Coach  Team Rep  Chaperone  Referee  Other \_\_\_\_\_

### ACKNOWLEDGEMENT/USE AGREEMENT

- I, a prospective or current member of USA Volleyball and/or one of its Regions, agree to abide by and be bound by the applicable Bylaws, rules, regulations, Code of Conduct, competition rules of USA Volleyball, as well as the safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport, as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for SafeSport and agree that any sanctions imposed by the Center extend to my participation in all USA Volleyball events or activities, or events and activities of other NGBs, and may be posted publicly and include information regarding the misconduct involved.
- 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: \_\_\_\_\_

SIGNATURE REQUIRED

**REQUIRED FOR PARTICIPATION: Total of 4 signature(s) for Junior participant and parent – 2<sup>nd</sup> thru 4<sup>th</sup> signatures on 2<sup>nd</sup> page  
Total of 3 signature(s) for Adult participant–2<sup>nd</sup> and 3<sup>rd</sup> signature on 2<sup>nd</sup> page**

**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: \_\_\_\_\_

SIGNATURE REQUIRED

**USA VOLLEYBALL 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; [www.olympic.org](http://www.olympic.org)), World Anti-Doping Agency (WADA; [www.wada-ama.org](http://www.wada-ama.org)), Federation Internationale de Volleyball (FIVB; [www.fivb.org](http://www.fivb.org)), US Anti-Doping Agency (USADA; [www.usada.org](http://www.usada.org)) or the United States Olympic Committee (USOC; [www.teamusa.org](http://www.teamusa.org)). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport ([www.safesport.org](http://www.safesport.org)), as they may be amended from time to time.
3. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
4. 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.
5. Use of a recognized identification card by anyone other than the individual described on the card.
6. 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.)
7. 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.
8. Any action considered to be an offense under Federal, State or local law ordinances.
9. 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.)
10. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
11. Physical or verbal intimidation of any individual.
12. Actions that will be detrimental to USAV or the RVA.

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 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 <i>Official USA Volleyball Guide</i> and <i>RVA Handbook</i> , 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: \_\_\_\_\_

SIGNATURE REQUIRED

**SCVA Club Participation Agreement**

I agree that I will be affiliated with the above named club for the 2018/2019 sanctioned season, and that I am aware of the Junior Player Eligibility Requirements. I am aware that for a club to be eligible for regional competition the club and the individual must abide by the tryout dates and commitment dates established by the SCVA.

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: \_\_\_\_\_

SIGNATURE REQUIRED



## 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