

Try-Out Instructions

Step 1

Fill out the all paperwork. Specific instructions for each page are listed below.

Player Information: General athlete information, billing information, and uniform sizes. Please note that we would like to send the monthly tuition reminder via e-mail to save time and money. If you do not have an e-mail address, please mark the appropriate line (all correspondence will be mailed to you). Read and sign release.

Try-out Data Form: Athletes in grades 9-12 need to complete this form. This form asks for the athlete's preferred position and the highest team in her age group for which she would like to be considered.

Medical Release: Please provide all information, including medical history and shot records on side two. **Two parent signatures** are required on page one, one after the release and a second either authorizing or preventing club leaders from obtaining emergency care.

USAV Registration Form: Please complete only the top section, which asks for personal information (*you do not need to provide the athlete's social security number*). In addition, under member information, please indicate the year the athlete was last registered in USAV (2001 for athletes who played last season). If the athlete has never played club volleyball in Arizona, then put "new." This form requires **two parent and two athlete signatures** (one each on the front and on the back).

Try-Out Agreement: Parents, or those who are financially responsible for the athlete, are required to read and sign the form.

Step 2

Mail complete paperwork, certified copy of the birth certificate and \$15.00 try-out fee to:

**Zona Volleyball Club
761 S. Granite Falls
Tucson, Arizona 85748**

All checks should be made out to Zona VBC

Registration packets must be received by **October 25, 2001** for Session I and **November 2, 2001** for Session II through IV.

Step 3

Arrive for the try-out and check in with Michelle at the registration desk. Wear clothing and shoes that are appropriate for volleyball. Please bring a closed container of water. Have a great practice!

Step 4

After the try-out, team lists and coaches will be posted. Athletes have until **November 7, 2001 at 8pm** to notify Michelle or A.J. whether or not the team placement is accepted. If the athlete chooses to play, there will be a mandatory parent meeting on **November 18 at 5pm** at Palo Verde High School.

**To Play or Not to Play
Contact Michelle before 8pm on November 7, 2001.
885-9866 or zonavolleyball@home.com**

Zona Volleyball Club Player Information

Athlete Information

Name _____ Phone _____

Cell/Pager _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____

Grade _____ School _____

(New Members only) How did you hear about Zona? _____

Parent/Guardian Names _____

Billing Information

The monthly tuition reminder should be e-mailed to (parent address):

Other e-mail address that you would like on our master list:

Uniform Information

Adult shirt size (S-XL) _____ Spandex size (XS-XL) _____

Permission Form

I/We give our permission for _____ to participate in Zona VBC, Inc. I/We understand that volleyball is a limited-contact sport that involves jumping, running, and ball handling in a confined playing area and injuries may occur. I/We acknowledge that even with the best coaching, the use of the most advanced protective equipment, and strict observance of the rules, injuries are still possible.

I/We hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention and I/We hereby waive and release Zona VBC, Inc. and it's owners, Board Members, and staff from any and all liability stemming from any injuries or illnesses incurred while participating in the club. I/We understand, agree, and acknowledge that some activities may be of hazardous nature and/or include physical and/or strenuous exercise or activity. If any injury is sustained and requires hospitalization, I/We understand that I/We or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. With full understanding of the facts, I/We state that to the best of our knowledge, my daughter listed above has no medical, physical, mental, or emotional health conditions that would hinder or prevent her participation in the Zona VBC, Inc. I/We fully accept and will abide by the rules and regulations of Zona VBC, Inc. and the USA Volleyball Code of Conduct.

I/WE HAVE READ AND UNDERSTAND THE PERMISSION FORM

Parent/Guardian Signature _____ Date _____

Player Signature _____ Date _____

Try-out Data

This form is for athletes in grades 9-12 only

Athlete Name: _____ **Grade:** _____

Position: _____

Please check the **highest** team in your age group for which you would like to be considered. For example, if you are a senior and select 18-1, then you will be considered for all teams offered for seniors (18-1 and 18-2). If you select 18-2, the highest team we will consider you for 18-2 only.

Seniors

_____ 18-1

_____ 18-2

Juniors

_____ 18-1

_____ 17-1

_____ 18-2

Sophomores

_____ 16-1

_____ 16-2

_____ 16-3

Freshman

_____ 16-1

_____ 15-1

_____ 15-2

Parent Signature _____



2002 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL PLAYER MEDICAL HISTORY AND RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his or her parent or guardian. *By signing this form the participant affirms having read it.* **A copy of this form must be carried with the coach for all training and competitions.**

Name _____
Last First

Birth Date _____ Age _____ Gender _____ Social Security Number _____

Parent or Guardian:

Name _____

Address _____

Zip _____

Home Phone _____

Work Phone _____

Team Name _____ Division _____

Family Physician Name _____

In Emergency, Contact:

Name _____

Home Phone _____

Work Phone _____

Primary Insurance Co. _____

Primary Group/Policy # _____

Does policy cover sport related accidents? _____ Yes _____ No

Physician Phone _____

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 also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed _____ Date: _____

Relationship: _____

To the Club Leaders:

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.

Signed: _____ Date: _____
Parent or Guardian

I do **not** authorize emergency medical/dental care for my daughter/son.

Signed: _____ Date: _____

Immunizations (please state month and year)

Tetanus _____ Polio _____ Measles(Rubella) _____

Health History

conditions	Yes	No	Date	Please elaborate (especially on those that might be aggravated)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injuries	_____	_____	_____	_____
Knee Injuries	_____	_____	_____	_____
Back Injuries	_____	_____	_____	_____
Head/Neck Injuries	_____	_____	_____	_____
Shoulder Injuries	_____	_____	_____	_____
Elbow Injuries	_____	_____	_____	_____
Wrist Injuries	_____	_____	_____	_____
Hand Injuries	_____	_____	_____	_____
Finger Injuries	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

1) Height _____ Weight _____

2) Is there any psycho-social or physical condition for which the participant is currently under professional care?
NO _____ YES _____

3) Is the participant currently taking any medications? NO _____ YES _____
If so, please name the drug(s), dosage and frequency needed:

4) List any known allergies:

5) Please elaborate on any medical conditions of which we should be aware:

6) Comments:

7) Please list any injuries the participant has suffered in the last two months:

8) State special instructions to follow in case of emergency _____



**USA VOLLEYBALL – ARIZONA REGION
2002 INDIVIDUAL MEMBERSHIP FORM**

SECTION I



PERSONAL INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____ OCCUPATION: _____

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

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

E-MAIL: _____ SOCIAL SECURITY # ____/____/____ GENDER: M F
 High School Grad Year: _____ (Junior Players Only)

- Check box if address has changed in the past 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.

USA Volleyball is committed to diversity. Your response is voluntary.

- African American
- Asian-American or Pacific Islander
- Caucasian (Non-Hispanic)
- Multiracial (please specify) _____
- Native American
- Hearing impaired/deaf (for USA Deaf Sports Federation information)
- Hispanic
- Disabled pursuant to American Disabilities Act (for DSUSA sitting and standing team info)

- 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 \$30.00	<input type="checkbox"/> Player	<input type="checkbox"/> International	<input type="checkbox"/> International	<input type="checkbox"/> IMPACT
<input type="checkbox"/> Jr. Olympic Volleyball \$30.00	<input type="checkbox"/> Coach	<input type="checkbox"/> National	<input type="checkbox"/> National	<input type="checkbox"/> CAP Level I
<input type="checkbox"/> Other (2-5 Days) \$12.00	<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 \$17.00	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Regional	<input type="checkbox"/> Regional	<input type="checkbox"/> CAP Level III
<input type="checkbox"/> One Event (1 Day Only) \$7.00	<input type="checkbox"/> Other	<input type="checkbox"/> Provisional	<input type="checkbox"/> Provisional	<input type="checkbox"/> CAP Level IV
		<input type="checkbox"/> Jr. Provisional	<input type="checkbox"/> Jr. Provisional	
		<input type="checkbox"/> Other(if USAV certified)	<input type="checkbox"/> Other (if USAV certified)	
<input type="checkbox"/> PAVO Official (Credit) \$(3.00)	(check all that apply)			
<input type="checkbox"/> Extended Official \$7.80				
(Annual fees per person)				

TEAM INFORMATION

CURRENT TEAM NAME: _____ TEAM GENDER: M F

TEAM DIVISION	JR. LEVEL	ANNUAL TEAM FEE
<input type="checkbox"/> AA 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	\$55 Regular Adult
<input type="checkbox"/> BB	<input type="checkbox"/> 12 & under <input type="checkbox"/> 17 & under	\$25 Junior Olympic Volleyball
<input type="checkbox"/> B	<input type="checkbox"/> 13 & under <input type="checkbox"/> 18 & under	NOTE: There is no Team Fee for teams 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)

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

USAV 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:

<u>Infraction</u>	<u>When Occurred</u>	<u>Suggested Maximum Penalty **</u>
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 Group D Member, by signing this membership form, I certify

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 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 08/24/01)



Try-Out Agreement

This document outlines the steps and policies involved in the October 27, 2001 and November 4, 2001 try-outs for Zona Volleyball Club teams.

1. In order to participate in the try-out, all athletes must pay the **non-refundable** try-out fee of **\$20.00** (or \$15.00 if pre-registered).
2. Following the try-out, athletes have until **8:00pm on November 7, 2001** to accept or decline the roster position with Zona Volleyball Club for the 2002 club season.
3. If the athlete makes a verbal or written commitment to play for Zona Volleyball Club:
 - a. The athlete is bound by that commitment to Zona Volleyball Club for the entire 2002 club season or until Zona Volleyball Club issues a release for the athlete to play with another club.
 - b. The Player Contract must be signed by a parent or legal guardian and the \$150.00 registration fee must be paid at the parent meeting on November 18, 2001. Athletes who do not have the contract signed and registration fee paid by November 19, 2001 will be dropped from the team roster and will not be released to play for another area team for the 2002 season.
4. Once a commitment is made, the Player Contract must be signed **and** the athlete's account must be current in order for the athlete to begin practicing with the Zona Volleyball Club team.

I, _____ (parent or guardian), have read the above information on the try-out process for my child, _____, for Zona Volleyball Club, Inc. I understand and agree to the terms outlined by this document.

Parent Signature

Date