

Eastside VBC, Inc.

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**CLUB VOLLEYBALL
REGISTRATION FORM**

(Please Print Legibly & fill in ALL blanks)

Name: _____ Age: _____

Address: _____ DOB: _____

City: _____ State: _____ Zipcode: _____

Players Email Address: _____ Home Phone: _____

Parents Email Address: _____ Parents Cell Phone: _____

School Name: _____ Player Cell Phone: _____

Fathers Name: _____ Mothers Name: _____

Employed by: _____ Employed by: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Uniform Size / Physical Information					
Uniform Top	_____	Spandex	_____	Sweat Shirt	_____
Warm-up	_____	T-Shirt	_____	Shorts	_____
Payment Information – DO NOT WRITE BELOW THIS LINE					
Date - 1st pmt.	_____	Amount Paid	_____	Pmt. Type	_____
Date – 2nd pmt.	_____	Amount Paid	_____	Pmt. Type	_____
Date – 3rd pmt.	_____	Amount Paid	_____	Pmt. Type	_____



2011-2012 Age – Grade Definitions

Updated: August 29, 2011

1. All Players on an Iowa Age Level team must meet these age requirements. No waivers will be given to teams competing in events that qualify a team for National Competition.
2. Iowa Grade Level teams may have waivers for players that do not meet the age requirement so long as they are in the appropriate grade. A maximum of 2 boys may be waived on to a girl's grade level team for 8th grade/14u & younger teams. (No boys allowed on age level teams.)

JUNIOR AGE DEFINITIONS 2011-2012											
AGE	18U	17U	16U	15U	14U	13U	12U	11U	10U	9U	8U
SEPT	1993*	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
OCT	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
NOV	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
DEC	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
JAN	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
FEB	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
MAR	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
APR	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
MAY	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
JUNE	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
JULY	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
AUG	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
GRADE	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd

* Or players born on or after 9/1/1992 and a high school student during some part of the current academic year.

Once a player participates (including but not limited to practicing, training, attending workouts and/or competing) **in a club or varsity program for any university, college, community college or junior college, he/she is ineligible** to take part in any regional and national programming, which includes but is not limited to national JNC qualifying and championship events.



IOWA REGION - USA VOLLEYBALL 2011-2012 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 training, competition, practice/warm-up sessions, and meeting or testing sessions. Additional RVA requirements may apply.

MEMBERSHIP APPLICATION

LEGAL FIRST NAME: _____ **MI:** _____ **LEGAL LAST NAME:** _____

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

ADDRESS: _____

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

GENDER: Male Female **E-MAIL:** _____

JUNIORS ONLY:	(USA Volleyball does NOT provide e-mail addresses to third parties)
GRADE (2011/12 School Year) _____	HOME PHONE: _____
HIGH SCHOOL GRAD YEAR _____	CELL PHONE: _____
SCHOOL NAME: _____	WORK PHONE: _____

Check box if you do NOT wish to be on USAV master 3rd 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:

<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:

<input type="checkbox"/> Hearing impaired/deaf (for USA Deaflympic Talent ID)	<input type="checkbox"/> Disabled Physically (for Paralympic Talent ID)
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Membership Options (Annual fees per person)

- USA Volleyball Magazine, quarterly publication \$ 2.50 (New 11/12 – no longer included in membership fee)
- 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 Development

Adult Memberships

- Adult Player (no Junior Activities) \$ 35.00
- Adult Collegiate Player (no other Activities) \$ 15.00
- Adult Affiliated with a Junior Program* \$ 50.00
- Chaperone (age 25+)* \$ 26.00
- Parent Official/Helper with Junior Program* \$ 26.00
- Official, Tourney/Site Director, Unaffiliated* \$ 26.00
- Single Event, One Day (may be upgraded to full) \$ 15.00
- Summer, indoor or outdoor, 5/1/12-10/31/12 \$ 15.00
- Extended Officials Insurance \$ 6.85
- *Background Screening (good 2 seasons) \$ 17.50

Required to work jr events or with jr programs

Junior Memberships

- Girl's Junior Member, 12u-18u* \$ 50.00
- Girl's 11 & under Junior Member \$ 30.00
- Boy's Junior Member, 9u-18u \$ 30.00
- 8 & under Junior Member, girl or boy \$ Free
- Limited Junior League Member, sanctioned only \$ 35.00
- Single Event, One Day (may be upgraded to full) \$ 15.00
- Summer, indoor or outdoor, 5/1/12-10/31/12 \$ 15.00
- ++Required of jr age asst. coaches when they are 18 yrs old
- ++Background Screening (good 2 seasons) \$ 17.50
- *Fees for following DO NOT apply to full membership
- *Limited Practice- In-club 6 weeks max -4hrs/date \$ 10.00*
- *One Day Tryout Junior Member \$ 5.00*

(Upgrade memberships for either adults or juniors must be completed online or contact the Region Office for help completing.)

Checks Payable to: Iowa Volleyball Region, 4600 Park Ave Suite 201, Des Moines IA 50321-1367 Phone: 515-727-1860 Fax: 515-727-1861

Participant Role(s)

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

- Player Head Coach Assistant Coach Team Rep Chaperone Official Other _____

Club Name: **Eastside Volleyball Club** _____ Tryout or Unaffiliated members check here: _____

*Iowa Region junior player's indoor club affiliation extends through the last day of the USAV Junior National Championships.

ACKNOWLEDGEMENT/USE AGREEMENT

- 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.
- 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 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 Signature Required

Parent/Guardian's Name _____ **E-Mail:** _____

Parent/Guardian's Signature: _____ **Date signed:** _____

SIGNATURE REQUIRED

REQUIRED FOR PARTICIPATION: Total of 3 signature(s) for participant and/or parent – 2nd & 3rd signature on 2nd 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:** _____

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), World Anti-Doping Agency (WADA), Federation Internationale 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 volleyball player at the event venue of any USAV/RVA sanctioned junior event.
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 or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned 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 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.)
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:

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 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.

- 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:** _____



2011-2012 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: Eastside Volleyball Club Team Name: _____

_____ Male Female
 First Name Last Name Birth Date Age

Primary Contact: Parent or Guardian	
Name: _____	Address: _____
Primary Phone: _____	City, State & Zip _____
	Alternate Phone: _____

Secondary Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> 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:

Any medications currently being taken:

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