



**USA VOLLEYBALL
2007 INDIVIDUAL MEMBERSHIP FORM**

PERSONAL INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____
 ADDRESS: _____ OCCUPATION: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____
 HOME PHONE: (____) _____ WORK PHONE: (____) _____ FAX: (____) _____
 E-MAIL: _____ (USA Volleyball does **NOT** provide e-mail addresses to third parties)

- 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.
 Check box if you do NOT wish to receive the USAV Electronic Newsletter "Rotations"
 GENDER M F High School Grad Year: _____ (Juniors Only)

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"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White, not of Hispanic Origin	

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)
 PAVO Official ? Y N PAVO Board Name: _____

TYPE OF MEMBERSHIP	STATUS	REFEREE STATUS	SCOREKEEPER STATUS	COACHING CERT.
<input type="checkbox"/> Regular \$	<input type="checkbox"/> Player	<input type="checkbox"/> International	<input type="checkbox"/> International	<input type="checkbox"/> IMPACT
<input type="checkbox"/> Jr. Olympic Volleyball \$	<input type="checkbox"/> Head Coach	<input type="checkbox"/> National	<input type="checkbox"/> National	<input type="checkbox"/> CAP Level I
<input type="checkbox"/> Other \$	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Jr. National	<input type="checkbox"/> Jr. National	<input type="checkbox"/> CAP Level II
<input type="checkbox"/> Outdoor \$	<input type="checkbox"/> Team Rep.	<input type="checkbox"/> Regional	<input type="checkbox"/> Regional	<input type="checkbox"/> CAP Level III
<input type="checkbox"/> One Event \$	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Provisional	<input type="checkbox"/> Provisional	<input type="checkbox"/> CAP Level IV
<input type="checkbox"/> Extended Official \$ 6.85	<input type="checkbox"/> Other _____	<input type="checkbox"/> Jr. Provisional	<input type="checkbox"/> Jr. Provisional	
(Annual fees per person)	(check all that apply)	<input type="checkbox"/> Other (if USAV certified)	<input type="checkbox"/> Other (if USAV certified)	

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	\$ Regular Adult
<input type="checkbox"/> BB	<input type="checkbox"/> 12 & under <input type="checkbox"/> 17 & under	\$ 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: Mail registration & waiver to:	OFFICIAL USE ONLY:
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SECTION II**USA VOLLEYBALL PARTICIPANT CODES 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 RVA or USAV policy.
3. Use of a recognized identification card by anyone other than the individual described on the card.
4. 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.)
5. 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.
6. Any action considered to be an offense under Federal, State or local law ordinances.
7. 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.)
8. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
9. Physical or verbal intimidation of any individual.
10. 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 RVA membership or USAV registration for one year starting from the date of infraction.
Second	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration for one year starting from the date of infraction.
	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 RVA membership or USAV registration for two years starting from the date of infraction.
Third	After event concludes	The individual may be declared ineligible for RVA membership or USAV registration for two years starting from the date of infraction.
		Individual may be 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 a lifetime ineligibility for RVA membership or USAV registration 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, RVA, and USAV. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes 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)**

In consideration of the rights and privileges granted to me 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 RVA and USAV Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability;
3. 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;
4. I (or my parent or legal guardian) am at least eighteen (18) years old;
5. I agree and consent to abide by the RVA and USAV Codes of Conduct, Disciplinary Policies and Waiver and Release of Liability set forth herein; and
6. 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 Codes of Conduct (Section II above) and have reviewed the Codes 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

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

(Revised & Corrected 11/1/06)