



Tryout No.

Photo

# TRYOUT INFORMATION

Please check the box of what team you are trying out for:

- 12 & UNDER TEAM** – Players who were born on or after **September 1st, 1995**
- 14 & UNDER TEAM** – Players who were born on or after **September 1st, 1993**
- 15 & UNDER TEAM** – Players who were born on or after **September 1st, 1992**
- 16 & UNDER TEAM** – Players who were born on or after **September 1st, 1991**
- 17 & UNDER TEAM** – Players who were born on or after **September 1st, 1990**
- 18 & UNDER TEAM** – Players who were born on or after **September 1st, 1989**

### Instructions:

1. Please fill out all front and back out all South Valley Volleyball forms completely.
2. Please fill out all front and back out all Southern California Volleyball Association (SCVA) and USA Volleyball (USAV) forms completely.
3. South Valley Volleyball coaches and staff will make the final decision as to what team an individual will be placed on, regardless of what tryout they attended.

PLAYER'S NAME: \_\_\_\_\_

|                    |                      |         |                      |                      |                      |            |                      |                      |                      |
|--------------------|----------------------|---------|----------------------|----------------------|----------------------|------------|----------------------|----------------------|----------------------|
| GRADE 2007 – 2008: | <input type="text"/> | HEIGHT: | <input type="text"/> | AGE AS OF<br>9.1.07: | <input type="text"/> | BIRTHDATE: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--------------------|----------------------|---------|----------------------|----------------------|----------------------|------------|----------------------|----------------------|----------------------|

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

STREET ADDRESS:

CITY:  ZIP:

EMAIL:

Playing experience:

- Middle School: \_\_\_\_\_  Club: \_\_\_\_\_
- High School: \_\_\_\_\_  Other: \_\_\_\_\_

Positions played:

- Setter  Outside Hitter  Defense Specialist / Libero
- Middle Blocker  Opposite  No Preference, just want to play

**PARENTS & PLAYERS – PLEASE COMPLETE THE BACK PAGE**



# TRYOUT RELEASE & WAIVER FOR A MINOR

## READ BEFORE SIGNING

IN CONSIDERATION OF  X  my minor child/ward ("my child"), being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I am aware of my child's experience, capabilities and limitations and believe my child to be qualified, in good health, and in proper physical and emotional condition to participate in such activities and further understand that any insurance provided by the SOUTH VALLEY VOLLEYBALL program is secondary insurance to the player's/child's families primary insurance, and will be used accordingly; and,
3. As a participant trying out for a club team with SOUTH VALLEY VOLLEYBALL I acknowledge that this volleyball tryout is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury and great bodily harm. I further understand that during the tryout and in the course of normal volleyball play, player's frequently fall, contact one another, dive for balls, jump and may accidentally land on the foot of another player or another part of a player's body, and encounter similar injury-encountering events. Additionally, as a tryout participant and knowing what my child's capabilities are, my child is aware and I will only have them attempt actions with what they are comfortable and capable of performing; and,
4. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
5. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
6. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
7. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

|                           |             |            |
|---------------------------|-------------|------------|
| <u> X </u>                | <u> X </u>  | <u> X </u> |
| PARENT/GUARDIAN SIGNATURE | DATE SIGNED | PRINT NAME |

**UNDERSTANDING OF RISK – I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.**

|                       |             |            |
|-----------------------|-------------|------------|
| <u> X </u>            | <u> X </u>  | <u> X </u> |
| PARTICIPANT SIGNATURE | DATE SIGNED | PRINT NAME |

# USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM

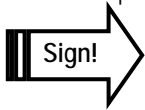
## - JUNIOR PLAYERS ONLY -

*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.

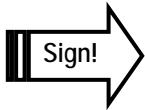


\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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 2007/2008 INDIVIDUAL MEMBER FORM - JUNIORS

PLAYER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*First M.I. Last*

COMPLETE MAILING ADDRESS: \_\_\_\_\_  
*Street*

\_\_\_\_\_ TEAM GENDER: M F (circle one)  
*City State Zip Code*

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ GRADE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

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

#### Membership Fees

- \$45 Junior Membership  
 \$5 Voluntary Donation to USAV

*(\$1 each to: Men's/Women's National teams,  
USA Boys'/Girls' High Performance teams, Region)*

#### Jr. Age Division

- 10s  11s  12s  
 13s  14s  15s  
 16s  17s  18s

#### 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 3<sup>rd</sup> 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 ♦ 1500 South Anaheim Blvd. Suite 280 ♦ Anaheim, CA 92805 ♦ (714) 917-3595

# 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), I consent to abide by the rules of conduct set forth herein, while I am a member of the SCVA/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, players' clinics, and officials' 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) 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). Violation of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USAV or SCVA.
- 2) Possession, consumption, or distribution of alcohol and/or tobacco if illegal or in violation of SCVA or USAV policy. USAV/SCVA policy prohibits the possession, consumption, or distribution of alcohol and/or tobacco by anyone registered as a Junior Olympic Volleyball Player at the event venue of any USAV/SCVA sanctioned junior event.
- 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, 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.
- 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 USAV/SCVA or the facility used in conjunction with a specific 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 SCVA.

## USA VOLLEYBALL/RVA DISCIPLINARY POLICY

| Infraction | Suggested Maximum Penalty**   |
|------------|---|
| ♦ First    | ♦ Immediate disqualification. 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. 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.                                      |

*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 after the first infraction. Penalties are only applied after affording the participant due process are required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and SCVA. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes of the SCVA and USAV as printed in the current Official USA Volleyball Guide.*

## PLAYER ELIGIBILITY

**Junior Girls:** I agree that I will be affiliated with the above named club for the 2007/2008 sanctioned season and I am aware of the Junior Girls Eligibility Requirements. I am aware that for a club to be eligible for the Las Vegas Classic, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2007/2008 season, clubs are eligible to host tryouts after October 1<sup>st</sup> for the 14 and Under divisions with a commitment date of November 1<sup>st</sup>, and the Sunday following High School Section Finals for 15 and older divisions with a commitment date of December 3<sup>rd</sup>. In addition, any transfers MUST be requested in writing (along with release letters) to the SCVA office by February 22, 2008. **No transfers will be allowed after February 22, 2008 or between the SCVA Regionals and the Volleyball Festival and/or Junior Nationals.**

**Junior Boys:** I agree that I will be affiliated with the above club for either the fall of 2007 or the spring of 2008. I am aware that for a club to be eligible for the Junior Boys Classic, the club must abide by the tryout and commitment dates set forth by the SCVA. For the 2007/2008 season, the commitment date for all age divisions is October 1<sup>st</sup>. For the 2008/2009 season, clubs will be eligible to host tryouts after September 1<sup>st</sup> with a commitment date of October 1<sup>st</sup>. In addition, any transfers must be approved by the SCVA office. No transfers will be awarded, under any circumstances, after **May 30, 2008.**

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.

**Sign!**    
*Participant's Signature* *Date Signed*

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.

**Sign!**      
*Parent/Guardian's Signature* *Date Signed* *Parent/Guardian's Name (please print)* *Relationship*

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

SCVA ♦ 1500 South Anaheim Blvd. Suite 280 ♦ Anaheim, CA 92805 ♦ (714) 917-3595

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



## 2008 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL PLAYER MEDICAL RELEASE FORM

USA Volleyball

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. **By signing this form the participant affirms having read it.**

Name \_\_\_\_\_  
Last First Birth Date Age Gender

**Primary Contact: Parent or Guardian**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Secondary Contact: \_\_\_ Parent/Guardian \_\_\_ Other**

Name \_\_\_\_\_  
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.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

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 \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

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

or

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian