



# RVC Juniors Player/Parent Information 2011-2012

**Office Use Only**

RVC # \_\_\_\_\_

Age Group \_\_\_\_\_

Boys \_\_\_\_ Girls \_\_\_\_

Deposit \_\_\_\_ ck# \_\_\_\_\_

Info \_\_\_\_ Contract \_\_\_\_

RVC \_\_\_\_\_

Medical Release \_\_\_\_

Raffle Ticket Numbers  
\_\_\_\_\_ - \_\_\_\_\_

**Player Information:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Full Middle Name

\_\_\_\_\_  
Nick Name

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
email address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age on 8/31/12

\_\_\_\_\_  
Driver's License Number (if applicable)

\_\_\_\_\_  
Height

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Dominant Hand

\_\_\_\_\_  
Positions Played

National    Zonal    State/Regional    City    Club

I am willing to play on the above level teams (circle all that apply)    School \_\_\_\_\_    Grade \_\_\_\_\_    HS Graduation Year \_\_\_\_\_

Please list all sports or activities in which you intend to participate during this RVC season. Please specify whether it is school or club:

**Parental Information:**

**Father**

**Mother**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact: (if parents are not available)

\_\_\_\_\_  
Relationship to Player

\_\_\_\_\_  
Cell Phone

Is there an adult in your family willing to volunteer as a "Team Parent?"    Yes    No

Is there an adult in your family willing to maintain a **website** for your child's team?    Yes    No

Is there an adult in your family interested in becoming a tournament director?    Yes    No

Is there an adult in your family interested in becoming a coach / assistant coach?    Yes    No

**Comments:** Please list any special requests concerning team placement, intent to try out for an older age group, need for particular practice times or carpooling arrangements, etc. Requests will be honored whenever possible.

We are sorry for the duplication of information, but each of the forms must be distributed to a different place. We have attempted to minimize the amount of paperwork. Please complete all forms in full, and if you have any questions, please contact the RVC office at 358-3000 or [rvc@rvc.net](mailto:rvc@rvc.net).

**PLEASE READ CAREFULLY BEFORE INITIALING**

- ▶ I understand a player may participate on a team in the age group one higher than his/her playing age only if ALL of the following conditions are met:
  - 1) He/She is presently involved in the USAV National Team pipeline (USAV Select Age Camp, Developmental A1 Camp, Youth National Team, Junior National Team), and
  - 2) He/She is selected to the top team in that particular age group.

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that if my child wishes to try out for a higher age group team, he/she must attend all tryout sessions for both age groups.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that players **may not** participate on a team two age groups higher than his/her playing age. (exception is the 14's travel teams)
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that athletes should attend as many try out sessions as possible and if none are attended my child may not be placed on a team.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that \$100 of the registration fee (\$50 Membership, \$25 Admin Fee, and \$25 tryout fee) is **NOT REFUNDABLE**. The \$100 Fundraising fee is refundable if I am unhappy with team selection.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand team selections are made by a group of coaches and I will trust their judgment and support my child and the team selection.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand once my child makes a verbal commitment to a team, a billing statement will be mailed in January for **non-refundable** team dues. These team dues are in addition to the \$200 registration fee.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that athletes are responsible for sharing all team expenses (tournament entry fees, hotel expenses, travel expenses, and coach's expenses), regardless of whether or not my child participates in a particular event.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I understand that if my child is injured outside of RVC activities and cannot participate that I am still responsible for the individual fees associated with that team.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I have received a copy of RVC's 2011-2012 Player / Parent Handbook, and plan to read through it with my child before the season begins.
 

\_\_\_\_\_ *parent's initials*
  
- ▶ I have read and understand the above statements. I am also certifying that my child has received no promises or guarantees in regards to team selection or playing time.
 

\_\_\_\_\_ *parent's initials*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
RVC Representative Signature

***Uniform Information:***

All players will receive uniform shirts and shorts/bikers.

**GIRLS**

*Circle one:*

<b>3rd Degree Jersey</b> (National & Zonal Teams)	Adult XXL	Adult XL	Adult L	Adult M	Adult S	Adult XS		
<b>Augusta Dri-Fit T</b> (State, City, & Club Teams)	Adult XXL	Adult XL	Adult L	Adult M	Adult S	Youth L	Youth M	
<b>Spandex</b> (National, Zonal, & State Teams)	Adult XXL	Adult XL	Adult L	Adult M	Adult S	Adult XS		

**BOYS**

*Circle one:*

<b>3rd Degree Asics Jersey</b> (National & Zonal Teams)	Adult XXL	Adult XL	Adult L	Adult M	Adult S		
<b>Augusta Dri-Fit T</b> (Regional, City, and Club Teams)	Adult XXL	Adult XL	Adult L	Adult M	Adult S	Youth L	Youth M
<b>3rd Degree Shorts</b> (National, Zonal, & Regional Teams only)	Adult XXL	Adult XL	Adult L	Adult M	Adult S		



**2011-2012  
RVC Juniors  
USA Volleyball Medical 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.**

_____			_____	_____	_____
Last Name			First	MI	
_____	_____	_____	_____		
Birth Date	Age	Gender	Social Security Number		

**Parent or Guardian**

**In Emergency, Contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Team Name **RVC** Division: \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Signed \_\_\_\_\_  
Participant

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_

Primary Group/Policy # \_\_\_\_\_

Does this policy cover sport-related accident: yes\_\_no\_\_

Physician Phone \_\_\_\_\_

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

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: \_\_\_\_\_

STATE OF \_\_\_\_\_) COUNTY OF \_\_\_\_\_) SWORN TO BEFORE  
 ME, a Notary Public, by said \_\_\_\_\_ personally known to me this \_\_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Immunizations** (please state month and year)

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles(Rubella) \_\_\_\_\_

**Health History**

	Yes	No	Date	Please elaborate (especially on those conditions 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: \_\_\_\_\_  
\_\_\_\_\_



## **WAIVER AND RELEASE FROM LIABILITY**

In consideration of being permitted to for any purpose any event, or being permitted to compete, officiate, observe, work for, or any purpose participate in any way in the event, each of the undersigned, for himself, his personal representatives, heirs, next of kin, acknowledges agrees, and represents the he has, or will immediately upon entering any of such event areas, and will continuously thereafter, inspect such event area or areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such that he finds and accepts same as being safe and reasonably suited for the purpose of his use, and he further agrees and warrants that if, at any time, he is in or about event areas and he feels anything to be unsafe, he will immediately advise officials of such and will leave the event area(s);

1. Hereby releases, waives, discharges, and covenants not to sue the Richmond Volleyball Club, the promoters, other participants, operators, officials, any person in any event area, sponsors, advertisers, owners and lessees of premises used to conduct such event and each of them, their officers and employees, all for the purpose herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands thereof on account of injury to the other person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the event area, and/or competing, officiating in, observing, or working for, or for any purpose participating in the event;
2. Hereby agrees to indemnify and save and hold harmless the releases and each of them for any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the event area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.
3. Hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releases or otherwise while in or upon the event area and/or while competing, officiating, observing, or working for, or for any purpose participating in the event.
4. Each of the undersigned expressly acknowledges and agrees that the activities at the event and adjacent areas are dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and as inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

This waiver, release, and indemnification agreement specifically embraces each and every sanctioned, authorized, or promoted by said releases during the entire season and applies to each and every event, or activity herein above mentioned, and has the same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event herein described.

### **PARENT/GAURDIAN WAIVER-RELEASE FROM LIABILITY**

(If applicant is under 18 years of age, the parent(s) or guardian(s) muse execute in addition to the above, this following waiver.)

The undersigned, referred to as the parent(s) and natural guardian(s) of said participant, does hereby represent that he/she(they) is(are), in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases on behalf of both the undersigned.

It is understood that by my payment of membership dues and execution of this membership application for the Richmond Volleyball Club (RVC), that I hereby give my permission to RVC for the use of my picture or likeness thereof, which picture or likeness may be taken or may have been taken at any RVC activity or event. This picture or likeness may be used in any advertising or promotional materials or other publications of RVC. If I do not wish to give my permission, I must initial in the following space. \_\_\_\_\_ (initial all copies)

2011 - 2012  
**RVC Juniors**  
**Player / Parent Contract**



**Athlete Contract**

**My main goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to RVC Juniors and therefore will:**

- **Commit** to all financial obligations once I verbally accept a roster position on a team.
- **Promise** to make every effort possible to attend every practice.
- **Budget** my time to meet all the responsibilities of work, learning and other personal areas.
- **Personally** notify my coach 24 Hours in advance if I cannot make it to a practice or tournament.
- **Be on Time** for practice, Lombardi time (15 minutes early).
- **Pursue** mental and physical conditioning outside of practice, eat a healthy diet, and ABSTAIN from alcohol, tobacco, and illegal drugs.
- **Communicate**, both on and off the court, with my teammates and coaches for mutual understanding.
- **Respect** my coach and teammates at all times.
- **Clean** our tournament area and practice facility of all trash. Leave the area as I found it, if not better.
- **Realize** that a team is made up of individuals and everyone cannot start. Accept my role on the team and what it takes to be the best.
- **Be Accountable** to my team, coach, and club.

**Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s) and, in the event of an athlete that is not accompanied by their parent(s) or legal guardian, they will be sent home at the expense of the parent(s) or guardian.**

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signatu \_\_\_\_\_ Date: \_\_\_\_\_

**Athlete Travel Contract**

**WE TRAVEL TO TOURNAMENTS TO COMPETE; everything else is secondary.**

- Athletes MAY NOT drive to any event outside the Richmond Metro area.
- Athletes will leave cell phones at home. In the event of any emergency, parents can be provided with a list of adult cell phone numbers at the event.
- Athletes will be courteous to and respectfully obey all staff members, including other coaches, chaperones, and other adults traveling with the team.
- Athletes may not leave the hotel area at any time without permission from their coach or chaperone.
- Athletes must report any illness or injury to the coach and chaperone immediately.
- An athlete who damages any property at lodging or playing facility will be personally responsible for damages.
- No member of the opposite gender is permitted in team rooms.
- Athletes are not permitted in rooms with members of the opposite gender or significant others.
- Athletes must remain quiet at all times in lobby, dining area, hallways and rooms so other guests are not disturbed.
- Athletes after arriving to the hotel are not allowed out of their rooms after 10:00 p.m.
- Lights must be off by 11:00 p.m. This includes the television, computers or any other device that might keep you or your roommates awake.
- Only one athlete at a time is permitted in the hotel's business center.

**Any individual(s) who fail to comply with the stated travel contract will result in temporary suspension of play.**

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Contract**

**I have given permission for my child to participate in RVC Juniors. We have discussed the risks, commitments and sacrifices involved and are to the success of the program. I understand and accept the financial obligations of participating, with the following in mind:**

- The \$200.00 registration fee (\$25 processing fee, \$25 tryout fee and \$50 RVC membership, and \$100 fundraising) is **only partially refundable** if we choose not participate regardless of the reason. Only the **\$100 fundraising fee** is refundable if my child is not satisfied with their team placement.
- Team selections are made by a group of coaches; I trust their judgment and will support my child and the team selection.
- Once selected for a team and a verbal commitment has been given, a statement will be mailed to each team member for their individual **non-refundable** team due

	City Teams		Regional Teams		State Teams		Zonal Teams		National Teams	
Team Dues	All	\$300	Boys	\$495	Girls	\$495	All	\$695	All	\$795
Total Costs (Excludes Registration Payment)		\$300		\$900-\$1,100		\$900-\$1,300		\$1,900-\$2,800		\$2,300-\$4,300

- Included in these fees are: uniforms (excluding bags and warm ups), practice facilities, equipment, coaches' education/honorarium, program administration and a volleyball for the travel teams. City teams are not travel teams, and their uniform consists of solely a dri-fit tee shirt
- The first week of each month a statement will be mailed for all expenses incurred from the previous month. Payment in full will be expected by the first day of the following month. Any payment received after that date will be considered past due (no grace period) and you will be charged a \$25 service fee. You also agree to pay RVC interest on any delinquent payment from the date thereof until paid at the rate of 1% per month.
- Players are responsible for sharing all team expenses (coach's travel expenses, coach's meal expenses, van rentals, hotel rooms, tournament registration fee, etc.) regardless of whether or not an individual participated in a particular event. If individual fees (airfare) are not incurred by RVC, the player shall not be
- I understand that I am obligated to pay all expenses incurred by RVC for the various tournaments, the only exception is if my child becomes injured while participating in an RVC team practice or match.
- Athletes on National and Zonal Teams will be billed an additional \$45.00 per month to cover costs of two strength and conditioning sessions per week with Elkin Performance. Athletes on City, Regional, and State teams will have the option of participating in Elkin Sports Performance Training.
- **Chaperones** are needed for all out of town multi-day tournaments. If a parent chaperone is not identified prior to the tournament, a \$300.00 chaperone fee per night will be charged to the team.
- Team fees and budgets do not include the costs of parent travel; please realize we budget solely for the cost of the players to participate in the tournaments.
- Payments may be made by cash, check, and most major credit cards (credit cards will be taken only in person during normal office hours). NOT PARENTS
- Players will immediately become ineligible to participate if any payment is 30 days past due and will remain so until the account is current.
- You will also be responsible to pay all expenses, including reasonable attorney's fees and expenses, incurred by RVC in seeking to collect any amounts payable hereunder which are not paid when due.
- Delinquent parents may be asked to submit checks in advance or supply a credit card authorization for payment.
- As a parent, I agree to always show proper sportsmanship. As outlined in the **player/parent** handbook.
- I agree to provide transportation to at least one tournament.
- The coach must be notified within two weeks of the distribution of the team's playing schedule of any non emergency conflicts.

I give my permission to Richmond Volleyball Club to use my child's picture or likeness, which may be taken at any activity or event, for use in advertising, promotional materials, website displays, or publications.

This contract may be canceled if the Participant becomes disabled or so severely injured while participating in an RVC activity that he/she cannot practice or compete for more than three (3) months (Disability), or the Participants estate cancels the Agreement in the event of the Participants death.

**BOTH PARENTS SIGNATURES REQUIRED!!**

Parent's Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_