



# CLUB LEAGUE

## Player/Parent Info.

**Office Use Only**

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

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

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

Deposit Amt. \_\_\_\_\_

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

Info \_\_\_\_\_

RVC \_\_\_\_\_

Med Release \_\_\_\_\_

**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

\_\_\_\_\_  
Height

\_\_\_\_\_  
Gender

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

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
HS Graduation Year

Previous playing experience is not required, but this information will assist us in team placement.  
Please list any playing experience which your child has had. \_\_\_\_\_

**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

**\*\*In order to keep costs low for this league we are completely reliant upon parent/volunteer coaches. Please circle all of the options below that might apply. Coaching experience is NOT necessary, we will provide you with two coaching clinics. We simply require a commitment to attend every practice/game and an enthusiastic spirit to teaching the sport of volleyball to young athletes.**

Is there an adult in your family interested in becoming a Head coach?

Yes

No

If yes, do you have any experience? Please list \_\_\_\_\_

Is there an adult in your family interested in becoming an Assistant coach?

Yes

No

If yes, do you have any experience? Please list \_\_\_\_\_

Is there an adult in your family willing to be a Team Manager?

Yes

No

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 the \$170 team fee (includes membership fee, jersey, admin fee, and practice time) is **not refundable** if my child chooses not to participate, regardless of the reason. \_\_\_\_\_   
parent's initials
  
- ▶ I understand team selections are determined by factors such as age, geographical location, playing experience, and special requests for car pooling purposes. \_\_\_\_\_   
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 placement, regardless of what a coach may have told me. \_\_\_\_\_   
parent's initials

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

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

***Uniform Information:***

All players will receive uniform T-Shirts.

**GIRLS**

*Circle one:*

Augusta Dri-Fit T    Adult XXL    Adult XL    Adult L    Adult M    Adult S    Youth L    Youth M

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**BOYS**

*Circle one:*

Augusta Dri-Fit T    Adult XXL    Adult XL    Adult L    Adult M    Adult S    Youth L    Youth M

**Comments:** Please list any special requests concerning team placement, need for particular practice times, or carpooling arrangements, etc. Requests will be honored whenever possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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 forgoing 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)