



2006-2007

Juniors

Player Registration Packet

Please complete the following steps to register for the CRVBC Juniors:

Follow these steps if you submitted your Player Information online at www.crvbc.org:

1. Fill out the NERVA Membership form (both pages).
Parent's signature required for players under the age of 18.
2. Fill out the Medical Release/History form. Please use this form to enable the staff quicker access to information if it is ever needed. This information is used in case of emergency. It is important that access to all player information is consistent.
Parent's signature required.
3. Mail these forms with your Tryout fee and possibly your Team Membership fee (see fee schedule* below) to:
Capital Region Volleyball Club
c/o Douglas Oxford
71 Garvins Falls Road
Concord, NH 03301

Follow these steps if you did NOT submit your Player Information online at www.crvbc.org:

1. Fill out the Player Application.
2. Fill out the NERVA Membership form (both pages).
Parent's signature required for players under the age of 18.
3. Fill out the Medical Release/History form. Please use this form to enable the staff quicker access to information if it is ever needed. This information is used in case of emergency. It is important that access to all player information is consistent.
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Capital Region Volleyball Club
c/o Douglas Oxford
71 Garvins Falls Road
Concord, NH 03301

If you have any questions please contact Doug Oxford at 224-TEAM or send an email with your questions to Info@crvbc.org.



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Tryout Schedules:

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Location</u>
November 19	10:00am—1:00pm	Tryouts (U-15 and younger)	NHTI
	1:00pm—4:00pm	Tryouts (U-16 and older)	NHTI
November 26	10:00am—1:00pm	Tryouts (U-15 and younger)	NHTI
	1:00pm—4:00pm	Tryouts (U-16 and older)	NHTI
December 10	TBD	Practice Starts	TBD

Younger players wishing to try to play up into an older age bracket should attend both tryout time slots.

NHTI = New Hampshire Technical Institute. For directions visit our website www.crvbc.org.

All players MUST be registered, have completed a fully signed NERVA Membership form, and have paid their Tryout fees prior to participating in tryouts.

Fee schedules:

Please See Payment and Refund Notes on next page!

Pre-season/Tryouts:

- \$40 if payment postmarked by 11/10/2006
- \$50 if payment postmarked between 11/11/2006 and 11/15/2006
- \$60 if payment postmarked after 11/15/2006

Season:

- \$250 for 'Shuttle Squad' players
- \$360 for 'Local' Team members.
- \$440 for 'Regional' Team members.
- \$440 for 'Power-League' Team members.

Mail Forms and Fees to:

Capital Region Volleyball Club
c/o Douglas Oxford
71 Garvins Falls Road
Concord, NH 03301

Please make checks payable to: CRVBC.

If you have any questions please contact Doug Oxford at 224-TEAM or send an email with your questions to Info@crvbc.org.



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Player Registration Packet

Payment Note:

As there is no determination of which players will be playing at the Regional and Power League levels until after tryouts, all players should pay the \$360 Team Membership fee before the end of tryouts. Once teams are established Regional and Power League teams will be assessed the additional \$80. Teams will be decided at the end of the second day of tryouts from the players who have paid both the Tryout fee and the Team Membership fee.

Refund Note:

The Tryout fee is non-refundable. If you notify us by the end of the second day of tryouts that your child does not want to participate on a CRVBC team, you will receive a full refund of your Team Membership fee. If your child makes a team and later decides they do not want to participate, no refund is available. Players who join a Shuttle Squad team will receive a \$110 refund. Players who do not make a team will receive a full refund of their Team Membership fees.

If you have any questions please contact Doug Oxford at 224-TEAM or send an email with your questions to Info@crvbc.org.



Capital Region Volleyball

2006-2007

For additional information:

Visit www.CRVBC.org

or

Contact Doug Oxford at:

Phone: (603) 224-TEAM

Email: DougOxford@crvbc.org



Player Information:

Name: _____

Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phones: (Home) _____

(Cell) _____

Name of School: _____

Current Year in School (1 - 12): _____

Years on Varsity: _____ Years on J.V.: _____

Main Position on Team (i.e.: Setter): _____

Team Level: Shuttle-Squad Local Regional Power-League

Garments: (Please see the Size Charts at www.CRVBC.org)

Uniform Sizes: Jersey: _____ Shorts: _____

T-Shirt Size: _____

Warm-up Sizes: Jacket: _____ Pants: _____

Name on Embroidered Items: _____

Desired Uniform #'s: 1st _____ 2nd _____ 3rd _____

Parent/Guardian Information:

Name: _____

Email: _____

Phones: (Home) _____

(Cell) _____

I hereby authorize the CRVBC to take and/or use pictures and videos of this player for purposes of : CRVBC's Website, Newsletters, Awards and Sponsorship Certificates.

Signature of Parent/Guardian:

Costs:

Tryout Fees:

\$40 per player for tryouts if postmarked by 11/10/06.

\$50 per player if postmarked between 11/11/06 and 11/15/06

\$60 per player if postmarked after 11/15/06

Note: Tryout Fees are non-refundable.

Team Membership Fees:

\$250 per player for 'Shuttle Squad' members.

\$360 per player for 'Local' Team members.

\$440 per player for 'Regional' & 'Power League' Team members.

The above 'Local' Team membership fee **MUST** be paid prior to the end of the 2nd tryout session for a player to be considered for a Team. Players making a Regional/PL team will need to pay the additional monies on or prior to their first practice. Payment plans are available in special cases.

Note: Team membership Fees are non-refundable after the Teams have been selected. Shuttle Squad members will be refunded the difference between the Shuttle Squad fees and Team Membership fees. Those not making a Local, Regional or Power League team may have their Team Membership fees refunded.

Please make checks payable to:

Capital Region Volleyball

Return to:

Capital Region Volleyball

c/o Doug Oxford

71 Garvins Falls Road

Concord, NH 03301

Make sure to enclose a completed **NERVA Membership** application and **Medical History Form** with this application. A Signed and completed NERVA Membership form must be submitted prior to any player stepping on the court to tryout. Parent/Guardian signature is required for players under 18.

Practice sites:

Mainly at New Hampshire Tech. Inst.

All players must supply their own transportation to and from all practices and tournaments. Coaches are **NOT** responsible for getting their players to or from tournaments.



**NEW ENGLAND REGION VOLLEYBALL ASSOCIATION
YANKEE-MAINE STATE VOLLEYBALL-JUNIOR OLYMPIC
Membership Application 2006-2007 Season**



USA Volleyball

SECTION 1

PERSONAL INFORMATION

New Member Renewal (member within the last 5 years)

Please print clearly!

Date of birth: _____ (URGENT: Required for ALL)

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: (H) (_____) _____ (W) (_____) _____

E-mail: _____ Fax: (_____) _____

JUNIOR OLYMPIC MEMBER

Grade: _____ High School: _____

JO Club: **Capital Region Volleyball Club** Team name: _____

Gender	Division of Play				Type of Membership
<input type="checkbox"/> F	<input type="checkbox"/> 18 & Under	<input type="checkbox"/> 16 & Under	<input type="checkbox"/> 14 & Under	<input type="checkbox"/> Boys Junior Olympic (\$25)	
<input type="checkbox"/> M	<input type="checkbox"/> 17 & Under	<input type="checkbox"/> 15 & Under	<input type="checkbox"/> 12 & Under	<input type="checkbox"/> Girls Junior Olympic (\$30)	

To be eligible for membership, you must review the USA Volleyball Participant Code of Conduct and commit to accepting such code by signing on the reverse side of the form.

Make check payable to CRVBC and send with this form to:

Boys JO: CRVBC, 71 Garvins Falls Rd., Concord, NH 03301
Girls JO: CRVBC, 71 Garvins Falls Rd., Concord, NH 03301

☞-----2006-2007 NERVA/Yankee/MSVA Receipt-----☜

Name: _____ Cash Received: \$ _____ Date: _____ TD: _____

SECTION 2

USA VOLLEYBALL PARTICIPANT CODE OF CONDUCT

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

In consideration of the rights granted to me by my registration with the USA Volleyball (USAV) and a Regional Volleyball Association (RVA), while I am registered with these entities, I consent to abide by the rules of conduct set forth herein. I understand that these rules extend to my conduct in activities related to, and during any USA Volleyball/RVA sanctioned event in which I participate. Examples are, but not limited to, the United States Championships (Open, Mixed Six, Outdoor and Junior Olympic Volleyball), all events or activities sanctioned or sponsored by the USA Volleyball or USA Volleyball Regional Volleyball Associations (RVAs), practices, 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 the USA Volleyball or its RVAs.

THE FOLLOWING ACTIONS ARE PROHIBITED:

- 1) Illegal transport, illegal possession, or use of illegal drugs or other substances banned by the RVA or USAV. (NOTE: Disciplinary actions for use of banned substances shall be in accordance with a USAV Drug Policy Program).
- 2) Possession or consumption of alcohol at any tournament, either inside the facility or on the facility's property is strictly prohibited unless the alcohol is purchased at the facility.
- 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 a 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.
- 6) Any action considered to be an offense under Federal, State or local laws/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.

USA VOLLEYBALL DISCIPLINARY POLICY:

Infraction	When Occurred	Suggested maximum Penalty *
First	Before or during event	Individual disqualified immediately (if the person is a junior, she/he will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for USAV registration or RVA membership for one year starting from the date of the infraction.
	After event concludes	Individual will be declared ineligible for USAV registration or RVA membership for one year starting from the date of the infraction.
Second	Before or during event	Individual disqualified immediately (if the person is a junior, she/he will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for USAV registration or RVA membership for two years starting from the date of the infraction.
	After event concludes	Individual will be declared ineligible for USAV registration or RVA membership for two years starting from the date of the infraction.
Third		Individual will be immediately 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 immediate lifetime ineligibility for USAV registration or RVA membership.

* Appeals may be made in accordance with procedures set forth in the bylaws and operating code of the RVA and USA Volleyball as printed in the current RVA Handbook and Official USA Volleyball Guide, respectively.

SECTION 3

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 participation in, or my traveling to and from 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 4

SIGNATURE(S) REQUIRED

As evidence by my signature, I certify that I have read and completed the four section membership application; read and understand the USAV/RVA Disciplinary Policy; and understand that I have given up substantial rights, and affirm that I am eighteen (18) years of age or older by signing it and I understand its contents.

Participant's Signature

Date Signed

____ I AM UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE, MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release and Participant Code of Conduct, the following, or on behalf of the minor.)

The undersigned, _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (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 mentioned 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 the above USAV Participant Code of Conduct (Section 2 above) and understand it; and have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in USAV/RVA events.

Parent/Guardian Signature

Date Signed

Medical Release and Participation Consent Form

Name _____
Last First Middle Initial

Birthdate _____

Health History **Yes** **No** **Date** **Please Elaborate**

Allergies				
Asthma				
Congenital Problem				
Diabetes				
Epilepsy				
Heart				
Ankle Injuries				
Knee Injuries				
Back Injuries				
Head and Neck Injuries				
Shoulder Injuries				
Elbow Injuries				
Wrist Injuries				
Hand Injuries				
Finger Injuries				
Other Injuries				

Age _____

Sex _____

Height _____

Weight _____

Immunizations: Please state month and year

Tetnus _____

Polio _____

Measles (Rubella) _____

1. Is there any psycho-social condition for which the participant is currently under professional care? No___ Yes ___
2. Is the participant currently taking any medication? No___ Yes ___ If so, please name the drug(s), dosage and frequency needed: _____

List any known drug allergies: _____

Please elaborate on any medical conditions we should be aware of: _____

Please list any injuries the participant has received in the last 2 months: _____

Parent or Guardian:

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Family Physician:

Name _____ **Phone number** _____

In Emergency, Contact:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Insurance Co. _____

Ins. Co. Phone No. _____

Group/PolicyNo. _____

To Whom it may concern:

Participant, named above, has my permission to participate in training, competition, events, activities and travel sponsored by the **Capital Region Volleyball Club**.

I approve of the leaders who will be in charge of this program, realizing that the leaders are serving to the best of their ability and in consideration of the benefits to be derived by the participant concerned, I hereby voluntarily waive any claim against the leaders and sponsoring institutions for any and all causes which may arise in connection with this activity. 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 heron is physically fit to engage in the activities described above.

Signature _____

To the Club Leaders:

If during the course of my daughter's activities in volleyball she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care.

Signed _____
Parent or Guardian

I do not authorize emergency medical care for my daughter

Signed _____
Parent or Guardian

NEW ENGLAND REGION VOLLEYBALL ASSOCIATION YANKEE-MAINE STATE VOLLEYBALL-JUNIOR OLYMPIC 2006-2007

USA VOLLEYBALL PARTICIPANT CODE OF CONDUCT

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- 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.
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TO BE RETAINED BY MEMBER