



2008-2009

Juniors

Player Registration Packet

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

Please register, on-line' as a 'Player' at www.crvbc.org.

The additional forms you will need to fill out will be emailed to you. The username and password you supply during the registration process can be used to log back into the website to update your registration information.

1. Register online with USAV:
Players that are **NEW** and did not register last season go to:
https://webpoint.usavolleyball.org/wp/memberships/join.asp?mbr_ChapterID=25971

Players that registered last season:
<https://webpoint.usavolleyball.org/> , and Renew Online.
2. Register online at www.crvbc.org
3. All Players must READ, sign and date the CRVBC Behavior Policy.
4. All Players must fill out the USAV Medical History form.
5. Mail these forms with your Tryout fee and your Team Membership fee (see fee schedule* below) to:
Capital Region Volleyball Club
c/o Douglas Oxford
71 Garvins Falls Road
Concord, NH 03301

If you have any questions please contact Linda or 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 9	12:00pm—3:00pm	Tryouts (U-15 and younger)	RCC
	3:00pm—6:00pm	Tryouts (U-16 and older)	RCC
November 16	12:00pm—3:00pm	Tryouts (U-15 and younger)	RCC
	3:00pm—6:00pm	Tryouts (U-16 and older)	RCC
November 23	12:00pm—3:00pm	Tryouts (U-15 and younger)	RCC
	3:00pm—6:00pm	Tryouts (U-16 and older)	RCC

Younger players with the ability to play within a higher age bracket will be asked, by the coaching staff, if they wish to attend the additional tryout time slots.

RCC = Racquet Club of Concord, 10 Garvins Falls Road, Concord, NH. For directions visit our website www.crvbc.org.

All players MUST be registered with both USAV and CRVBC, have completed a fully signed USAV Medical Form, and have paid their Tryout fees prior to participating in tryouts.

Fee schedules:

Please See Payment and Refund Notes on the next page!

Pre-season/Tryouts:

\$50 if payment postmarked by 11/3/2008

\$70 if payment postmarked after 11/3/2008

Note: The NERVA/USAV membership fee is covered by your CRVBC 'Tryout' fee. Therefore, please do not send money to USAV when registering online with USAV. CRVBC will be sending in a single check for the entire Club.

Season:

\$270 for 'Shuttle Squad' players

\$395 for 'Club' Team members.

\$550 for 'Open-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.



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Payment Note:

Players wishing to play on an Open team must pay their Team Membership fee prior to the beginning of the last day of Tryouts.

Players wishing to play on a Local team must pay their Team Membership fee prior to the beginning of the last day of Tryouts.

Refund Note:

- The Tryout fee is non-refundable.
- If you have paid your Team Membership fee and 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 refund for the difference between their paid Team Membership fee and the Shuttle Squad fee.
- Players who do not make a team will receive a full refund of their Team Membership fees.

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



Behavior Policy

In order to provide a safe and meaningful learning experience for our athletes, there needs to be clear boundaries and expectations. By signing this agreement, the player and parents show an acknowledgment and understanding of the rules and regulations contained in this agreement.

I understand that while I play for the Capital Region Volleyball Club I will abstain from the willful use of alcohol, drugs and tobacco products (including chew and snuff) as well as any illegal drugs. Additionally, I will not put myself in unnecessary situations where I am in the presence of alcohol, drugs or tobacco products being used. I also understand that the Capital Region Volleyball Club has a zero-tolerance policy. If I am found using any alcohol, drugs, drug paraphernalia, or tobacco products, or found in possession of any alcohol, drugs, drug paraphernalia, or tobacco products I will be subject to dismissal from the club for that entire year, and any fees paid will not be refunded.

I understand that while I play for the Capital Region Volleyball Club I will not engage in any illegal or unethical behavior. Additionally, I will not be an accessory to any of these types of behaviors, and I will not put myself in unnecessary situations where illegal or unethical behavior is taking place. If I am found engaging in, being an accessory to, or putting myself in the situation of illegal or unethical behavior I will be subject to dismissal from the club for that entire year, and any fees paid will not be refunded.

If any of the rules reference above are violated during an event associated with Capital Region Volleyball, the athlete will be immediately sent home at the Athlete's and/or the Athlete's parents' expense.

All rules referenced above apply to all club athletes anywhere and at anytime during the season.

Athlete's Signature

Date

Printed Name

Parent/Guardian's Signature

Date

Printed Name

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