



Club Application Regional

Staff Only	
DOB RANK	CLUB RANK

Player Information			
Last Name	First Name	Home Phone	DOB
Address	City	State	Zip
Email			

School Information			
Grade	School	City, State	GPA

Previous Club Teams			
Year	Age Group	Club Name	Position Played

Parent Information			
Mothers Last Name	First Name	Work Phone	Ext. #
Address (If Different)	City	State	Zip
Email		Cell Phone	
Fathers Last Name	First Name	Work Phone	Ext. #
Address (If Different)	City	State	Zip
Email		Cell Phone	

I, the undersigned member, agree to make payments on the specified dates and the agreed amounts state on the payment schedule below to Alpha Gamma Volleyball. I understand the consequences that will be brought against me if the contract is violated. The penalties could include: account being turned over to collection agency, expulsion from the club, and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that Alpha Gamma Volleyball may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

Non-Refundable Tryout Fee - \$100

Second Payment on 1/1/10 - \$400

First Payment on 11/23/09 - \$400

Third Payment on 2/1/10 - \$400

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date

Waiver and Release of Liability (To be completed by Parent or Guardian)

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:

- 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, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Alpha Gamma Volleyball, 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. I grant to Alpha Gamma Volleyball, the right to use my name, likeness, and image, in print, video, website, or electronic media form, in promotional materials or any account or record of my participation in activities.

Code of Conduct (Player & Parent)

In consideration of the rights granted to me by my membership with Alpha Gamma Volleyball, I consent to abide by the rules of conduct set forth herein, while I am a member of Alpha Gamma Volleyball. I understand that these rules extend to my conduct in activities related to, and during any sanctioned event in which I participate. This includes all events or activities sanctioned or sponsored by Alpha Gamma Volleyball/GEVA/USAVB, 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 coach and directors of Alpha Gamma Volleyball. That action may range from a warning, to suspension, or to dismissal from the team/club.

In Consideration of the rights and privileges granted to me by signing this membership form, I certify that:

- 1. I have read and completed all sections of this membership application;
- 2. I have read and understand the Alpha Gamma Volleyball Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability;
- 3. I understand that the Codes of Conduct, Disciplinary Policies, and Waiver and Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by Alpha Gamma Volleyball/GEVA/USAVB in which I participate;
- 4. I agree and consent to abide by the Alpha Gamma and GEVA Codes of Conduct, Policies, and Waiver and Release of Liability set forth herein; and
- 5. I understand that, if I violate the Alpha Gamma Codes of Conduct, I might be subject to disciplinary action in accordance with Alpha Gamma Disciplinary Policies.

Participant’s Printed Name

Participant’s Signature (regardless of Age)

Date

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.

The undersigned parent or legal guardian of the applicant (_____ [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 named 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 and understand the Alpha Gamma Volleyball Participation Codes of Conduct and have reviewed the Codes with my child regarding the stipulated conditions and their ramification. I fully consent to my child’s participation in Alpha Gamma/GEVA events.

Parent/Guardian Printed Name

Parent/Guardian’s Signature

Date