

ATHLETE INFORMATION

Name _____ Birthdate ____/____/____

Address _____ City _____ Zip Code _____

Phone (____) _____ Athlete Cell Phone (____) _____ Athlete Email _____

Mother Name: _____ Cell Phone (____) _____ Email _____

Father Name: _____ Cell Phone (____) _____ Email _____

Other Name: _____ Cell Phone (____) _____ Email _____

USA VOLLEYBALL MEMBERSHIP INFORMATION

Be prepared to confirm athlete's USAV Membership by printing Membership Card and/or on Mobile Device. Club Assignment will be sent to email below.

USA Volleyball Membership # _____ Confirm Athlete's Date of Birth: _____

! Parent/Guardian Email (Used for SportsEngine Profile): _____

SCHOOL/CLUB INFORMATION

School _____ Current Grade _____ Graduation Year _____

Primary Position: ☐ S ☐ MB/MH ☐ OH (left) ☐ OH (right) ☐ DS ☐ Libero ☐ Not Sure Height ____ft. ____in. Dominant Hand ☐ R ☐ L

Previous Club Volleyball Experience ☐ Y ☐ N Club Name(s) _____ Year(s) _____

CONSENT TO PARTICIPATE

☐ INITIALS I understand, agree, and acknowledge that playing volleyball consists of strenuous physical activity, and have no knowledge of any physical impairment which would be affected by the above named player's participation in Player Evaluations (Open Houses), Team Selections (Tryouts), practices and/or competition. I hereby and promise that I will not hold **Club Cactus Juniors Volleyball Club LLC**, its Directors, coaches, staff, and assignees from responsible for any loss, damages, or personal injury received as a result of participation.

☐ INITIALS I verify that the player named above has been checked by a licensed physician and is physically able to participate with Club Cactus Juniors Volleyball Club at all training and/or competitions—including pre-season Open Houses and Team Selections. The player has no medical, physical, mental, or emotional health conditions that would hinder or prevent his/her participation in Club Cactus Juniors activities.

☐ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to participation Club Cactus Juniors Volleyball Club at all training and/or competitions— (including pre-season Open Houses and Team Selections) and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I further understand, agree, and acknowledge to hold harmless CCJ, its Directors, coaches, and staff, against any Claims based on the actions of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club activity.

Signature of Parent or Legal Guardian _____ Date _____

PREFERRED TRAINING LEVEL

The following information will help the Coaching Staff determine the interest level for all teams during Open Houses and Tryouts. **Please check all boxes that apply.**

- ☐ **Junior National Teams** (Travel Teams)
- ☐ Interested in Open National Teams (Mizuno Teams)
 - ☐ Interested in National Teams (Silver Teams)
- ☐ **Regional Teams** (No Travel; Arizona Region competition only)
- ☐ Interested in a Season-Ending Tournament in June (TBD)
- ☐ **Not sure.** If checked, a CCJ coach may contact you about playing on a National Team if the athlete qualifies at the Team Selections.
- ☐ **Youth Academy** (Developmental Training for 10U-14U)

FORMS CHECKLIST

Please have the following forms to complete Registration.

- ☐ CCJ Player Information Form (this form)
- ☐ USA Volleyball Membership Card (Proof of Registration)
- ☐ USA Volleyball Medical Release Form
- ☐ Arizona Region Concussion Acknowledgement
- ☐ USA Volleyball SafeSport Acknowledgement
- ☐ COVID-19 Waivers (CCJ and Arizona Region)
- ☐ Copy of Birth Certificate
- ☐ CCJ Player/Parent Contract (once spot is accepted)

PLAYER ACCOUNT INFORMATION

Player Name: _____ Team: _____

Primary Contact for Accounting Purposes: _____ Cell Phone (____) _____

Primary Email Address (for Electronic Statements from CCJ's Payment Processing System). **PLEASE PRINT LEGIBLY:**

[illegible]

□ @gmail.com

❑ @comcast.net

□ @yahoo.com

❑ @icloud.com

TEAM COMMITMENT AND FINANCIAL CONTRACT DETAILS

INITIALS

1. The **Commitment Deposit is due upon acceptance of the player's placement to hold their roster position on the team for the 2021 Season.** Player and Parent understand that the Commitment Payment in non-refundable should the player or the parent change their mind and opt not to participate with Club Cactus Juniors Volleyball Club. Player and Parent understand and agree that by signing a Contract with Club Cactus Juniors Volleyball Club that they cannot tryout or participate with any other club team or program through July 1, 2021- or the end of the USA Volleyball Season.

The Tuition includes the following budget items: USAV team registration and Regional Tournament entry fees, player uniforms and shoes, practice facility rental charges, coaching staff salaries, training equipment, insurance, and administrative expenses. **Player meals and transportation to/from regional and national events are not included.**

National (Travel) Team Tuition includes coaching staff and staff travel expenses, entry fees, local transportation and team lodging at the tournament's designated hotel. Player transportation (airfare) to/from tournament location is not included.

Parent acknowledges that they will be responsible for making all travel arrangements to/from the tournaments. CCJ will require all travel plans to be submitted at least 45 days prior to the tournament. In most cases, CCJ can arrange player and/or team travel at an additional expense that must be paid in full 30 days prior to departure.

INITIALS _____

INITIAL S

2. **Tuition may be paid in full (by December 10, 2020) or in monthly payments.** If paying per month, the tuition will be split into monthly payments that **must be received by the 10th of each month.** All CCJ credits will be applied to the last month's payment provided account is paid on time. Any outstanding balance at the end of the season will waive all credits.

Payments do not reflect the amount of activity (training and/or competitions) in a given month—some months may have more activity than others. The payment schedule is offered simply to assist with affordability from month to month.

INITIAL S

3. Delinquency is established if scheduled installment payments are not received. Athletes may not be permitted to participate in any CCJ function (including training and tournaments) until account is brought up to date AND a \$25.00 late fee is paid.

Athletes who have outstanding balances are the end of the season will be subject to collections and reported to the Arizona Region of USA Volleyball and will be ineligible to participate with CCJ and any other club until the debt is satisfied. *All CCJ Credits (Cactus Classic Credit, Commitment Credit, Sibling, etc.) are forfeited if account goes to collections.*

INITIAL S

4. Athletes are expected to be on time for all training sessions and competitions and in proper uniform as provided by the club. Missing practices and/or competitions for any reason **will not** establish any refund nor prorated tuition.

Athletes will receive coaching during all training sessions. Playing time in competitions is strictly at the discretion of the coaching staff. Playing time will be awarded based on the athlete's work ethic, attitude, attendance, position, and performance in practices and tournament. **Playing time is not part of the club's financial contract.**

INITIALS

5. Tuition is calculated based on the total expenses for the season, and will not be prorated or reduced should an athlete miss any training session(s) for any reason; or any tournament(s) for any reason; or if a player quits at any time for any reason. Players that leave the team or club for any reason will still be responsible for all tuition payments.

Tuition will not be prorated or reduced should a athlete become injured (including concussions) at any time during the season and miss practices and/or competitions. CCJ recommends purchasing an Athletic Performance Insurance Policy if you are concerned about injuries or the financial liability due to any unforeseen event.

Should the athlete or parent (or any associated relative or friend) be responsible for any Arizona Region Penalty (Purple Card, Food/Drink Policy, etc.) that causes CCJ to be charged a fine; the athlete will be financially responsible (player account).

FINANCIAL COMMITMENT ACKNOWLEDGEMENT

I have read the above details and agree in full with the policies as set forth. I understand that I will receive a **Financial Contract and Agreement** once the Commitment Deposit has been paid; and that I am responsible for the season's full tuition, even if the player is unable to participate in tournaments and/or training sessions (exception: season-ending injuries before the season's competition). I further understand that I will be financially responsible for any fines levied against the club for my (or my athlete's) misconduct.

My signature below indicates my acknowledgement of the terms and policies for participation in the club. I understand that once a position is offered and accepted with a Commitment Deposit, it will indicate the commitment to Club Cactus Juniors Volleyball Club. The Arizona Region and USA Volleyball considers this commitment for the entire season.

Signature of Parent or Legal Guardian _____ **Date** _____

FOR CCJ USE ONLY | Commitment Received ____ / ____ / ____ | Commitment Payment Type: _____ Payment \$ _____ Date Processed: _____

PLAYER INFORMATION

Name _____ Birthdate ____ / ____ / ____

Address _____ City _____ Zip Code _____

Phone (____) _____ Cell Phone (____) _____ Email Address _____

Mother Name: _____ Cell Phone (____) _____ Email _____

Father Name: _____ Cell Phone (____) _____ Email _____

EMERGENCY CONTACT: If Parent/Guardian named above is not available, please contact:

Name _____ Home Phone (____) _____ Work Phone (____) _____

Relationship to Player _____ Cell Phone (____) _____ Pager (____) _____

WAIVER AND CONSENT FORM

I verify that my child named above has been checked by a licensed physician and is physically able to participate with Club Cactus Juniors Volleyball Association. I understand that volleyball training and competitions consist of strenuous physical activity, and have no knowledge of any physical impairment which would be affected by the above named player's participation in the volleyball program as outlined. I hereby and promise that I will not hold Club Cactus Juniors Volleyball Association, nor its coaches, directors, staff and assignees responsible for any loss, damages, or personal injury received as a result of participation.

I, the undersigned, as the parent or legal guardian of (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Club Cactus Juniors, and its directors and coaching staff shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian

Date

MEDICAL / INSURANCE INFORMATION

Medical: Present Health _____

Past Health _____

Past Injuries _____

Drug Sensitivities _____ Other Allergies _____

Current Medications _____

Other Medical Information _____

Insurance Information:

Insurance Company _____

Policy Holder Name: _____ Policy Number: _____

Social Security or ID #: _____