

Name: _____

Team: _____

Date: _____



Volleyball Club

2009-2010 Acceptance Packet Checklist

Please complete the items listed below after your son has been excepted on a Renegades Volleyball Club team for the upcoming season.

All items listed below must be completed BEFORE a player is accepted to the club. *This includes payment and all signed forms.*

<u>Initial</u>	<u>Rec'd</u>	
_____	_____	\$725.00 deposit or the full \$1,775.00
_____	_____	Renegades Volleyball Club Commitment Agreement
_____	_____	Renegades Volleyball Club Disclosure & Payment Agreement
_____	_____	Renegades Volleyball Club Liability & Website Release Form
_____	_____	Renegades Volleyball Club Volunteer Form
_____	_____	NCVA 2009-2010 Individual Membership Form
_____	_____	USAV YJOV Player Medical History & Release Form
_____	_____	NCVA Letter of Commitment

Questions: Please e-mail us at staff@renegadesvolleyball.com.

Thank you in advance for your cooperation in completing all necessary forms and payments.

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**Renegades Volleyball Club
www.renegadesvolleyball.com**



2009-2010 Commitment Agreement

We have read and agree to the Renegades Volleyball Club Policies and the 2009-2010 Renegades Volleyball Club Handbook and agree to all policies and commitments. We further, agree that by signing this letter, as well as the NCVA Letter of commitment, we are committed to have the below named player, play for Renegades Volleyball Club for the 2009-2010 season.

TEAM: _____

Player's Name (please print)

Player's Signature

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Date

Renegades Volleyball Club
2009-2010 Disclosures and Payment Agreement

I. Insurance Disclosure

We understand that the insurance provided by the Northern California Volleyball Association covers my son only as a participant in volleyball practice and as a participant during tournament play at tournament site gyms. NCVA insurance DOES NOT cover accidents which might occur during transportation by private vehicle to or from practice or travel to or from a tournament whether it is in your own vehicle or the vehicle of another club member, coach, or team representative.

II. Fees Disclosure

1. Total dues and expenses for the 2009-2010 club volleyball season are as follows:

- ❖ **\$ 1,750.00 for the 15s, 16s, 17s, & 18s Power League team**
- ❖ **\$ 1,500.00 for the 14s Power League team**

Fees include a \$725.00 **non-refundable** deposit.

All fees for **Power** league teams include club dues, NCVA membership, team uniform, coach's salaries, gym rental fees, team supplies, the Southern California Invitational and the Far Western National Qualifier tournament.

Teams wishing to attend other tournaments both within and without the region may do so for an additional payment TBD.

All club members will receive the following uniform apparel/accessory items:

Power League Players: 2 numbered jersey, 1 pair of shorts, 1 club sweatshirt, 1 pair of warm up pants, 3 practice t-shirts, 1 team bag, and 1 whistle with lanyard.

Optional items: Parents may order a club t-shirt, polo shirt, pants, and/or sweatshirt for additional cost. It is also advised that parents become members of NCVA for a membership fee of \$50 for insurance coverage while at an event.

Other items covered by club dues include team equipment, first aid kits, office supplies, team tournament entry fees, and NCVA team fees.

2. Club dues do not cover player's food, transportation, or lodging at tournaments during the club season.

III. Full Payment Responsibility

We understand that if my son incurs an injury, becomes ill, is expelled from the club, or decides not to play at any time during the club volleyball season that I remain liable for my total club season dues. Any outstanding fees and dues will be due within seven (7) days of my son's termination from the club.

IV. Terms of Payment

1. We agree to pay a **non-refundable deposit of \$725.00, on August 19, 2009, to Renegades Volleyball Club** upon accepting my son's invitation to play on a Renegades Volleyball Club team.
2. The remaining payment schedule will be as follows:
All teams will have their remaining balances due in three (3) equal payments (\$350.00) or due on **October 1, 2009, November 1, 2009, and December 1, 2009.**

Should any Team earn a bid to Junior Olympics, a payment of approximately \$1,800 will be due on a date to be announced. This fee will cover the fees, lodging, and, additional tournaments if applicable for Junior Olympics.

We understand the above disclosure statements and agree to the payment terms. **I also understand that if I default on my payment obligation, my son will not be allowed to attend any practices or tournaments until payment is made.** I will also be held liable for any and all attorney, court and administrative costs associated with the collection of unpaid fees. I request that my son play with the *Renegades Volleyball Club* during the 2009-2010 season.

Mother's or Legal Guardian's Name - Signature
Mother's or Legal Guardian's Name – PLEASE PRINT
Date
Mother's or Legal Guardian's Social Security Number
Driver's License Number/ State Issued
Name & Address of Employer

Father's or Legal Guardian's Name - Signature
Father's or Legal Guardian's Name – PLEASE PRINT
Date
Father's or Legal Guardian's Social Security Number
Driver's License Number/ State Issued
Name & Address of Employer



Volleyball Club

2009-2010 Liability Release

Player's Name: _____ Team: _____

Address: _____

City: _____ State: _____ Zip: _____

I/we hereby agree to indemnify and hold harmless Renegades Volleyball Club, its officers, coaches, director, and volunteers from and against any and all liability for an injury which my son may suffer, connected with their participation in this program. In case of an emergency occurring during or in connection with any activity of the Club, I authorize any person in charge of the activity to allow medical and/or dental treatment for my son at my expense. I understand that Renegades Volleyball Club is not obligated to carry any insurance to cover these medical and/or dental expenses.

Player's Name (please print) Player's Signature Date

Parent/Guardian's Name (please print) Parent/Guardian's Signature Date

2009-2010 Website Release

Height: _____ Weight: _____ Position: _____ Handed: Right or Left

Initial

_____ Renegades VBC has permission to publish the above information on the club website including my son's name.

_____ Renegades VBC has permission to publish group and individual photographs that include my son.

_____ Please do not publish any photographs of my son on the club website.

Parent/Guardian's Name (please print) Parent/Guardian's Signature Date

Renegades Volleyball Club
www.renegadesvolleyball.com



Volleyball Club

2009-2010 Volunteer Form

Renegades Volleyball Club is a non-profit organization that is run by officers, a Board of Directors, and volunteers. In order for the club to run smoothly we need all team parents to fill volunteer positions. Only one parent per household will be fine, however they can share a position. Please sign up for three (3) jobs.

(1 = 1st choice, 2 = 2nd choice, & 3 = 3rd choice)

Team Job

Choice Number (1, 2, or 3)

Team Parent _____ (Coordinates Team Communications)

Travel Coordinator _____ (Coordinates Team Travel For Tournaments)

Photo Coordinator _____ (Coordinates Pictures For Website & Yearbook)

Social Coordinator _____ (Coordinates Team Bonding & Dinners)

Fundraising Coordinator _____

TEAM: _____

Player Name: _____ **Parent Name:** _____

Parent E-mail: _____ **Parent Phone:** _____

Thank you for your support.

**Renegades Volleyball Club
www.renegadesvolleyball.com**