



BCVC Club Registration Form Packet

Tryout # _____

Years of Club experience _____

Name: _____

USAV #: _____

Medical Forms Turned in: _____

Graduation Year: _____

Birth date: _____

	Check #	PAYPAL	Cash
Initial \$400.00 Deposit			
Tryout Fee: \$50.00			

Address:

Telephone: _____

E-mail: _____



BCVC Release Forms

Athlete's Code of Conduct

1. Athletes are expected to be committed to this program and remain respectful to their coaches and teammates.
2. Players are responsible for notifying coaches of absences – please try to do so in advance so coaches can adjust practice plans.
3. Academics, studying and school are priority.
4. Players will notify coaches of any tournament conflicts (at least one month) prior to the event.
5. No player, parent, or coach shall make any disparaging remark or gesture regarding another player, teammate, opposing team, coach, official, or parent.
6. BCVC has a NO tolerance policy for alcohol consumption, smoking, or drug abuse and all players will refrain from such usage.

I have read and understand the above Athlete's Code of Conduct. I agree that any violation of the codes will cause expulsion from the club with no refund of already paid club dues.

Athlete's Signature: _____ Date: _____
 ____/____/____

I, _____ (parent name), have read and understand the above Athlete's Code of Conduct. I agree that any violation of the codes will cause expulsion from the club with no refund of already paid dues.

Parent Signature: _____ Date: _____
 ____/____/____



The Parent's Code of Ethics

The club does not require that parents attend a comprehensive orientation program; however, we do require that all parents complete a Parent's Code of Ethics form to pledge their cooperation as follows:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice, tournament, and sport event.
2. I will place the emotional and physical wellbeing of my child ahead of personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol. I will refrain from their use at all youth sports events.
6. I will remember that the game is for the youth and not the adults.
7. I will ask my child to treat other players, coaches, fans, and officials with respect, regardless of race, sex, creed, or ability.
8. I will promise to help my child enjoy the youth sports experience by doing whatever I can; such as, being a respectful fan and providing transportation.
9. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach holds the Coaches Code of Ethics.

Mother/Guardian (printed): _____

Mother/Guardian (signature): _____
____/____/____

Date:

Father/Guardian (printed): _____

Father/Guardian (signature): _____
____/____/____

Date:



Photo Release

I grant BCVC the right to take photographs of me and my family in connection with volleyball events; such as, camps, practices, and tournaments. I authorize BCVC its assigns and transferees to copyright use and publish the same in print and/or electronically. I agree that BCVC may use such photographs of me with or without my name and for any lawful purpose, including: purpose, illustration, advertising, media release, and web content. I have read and understand the above.

Player's Name: _____

Player's Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Date: ____/____/____

Address:

_____, FL _____



Juniors Participant Waiver of Liability Release

Participant of BCVC 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 volleyball event can cause potential or serious injury or even personal property damage.

With full understanding of such risks, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE NAMED PERSON OR ENTITIES listed below or others, and assume full responsibility for my participation. I hereby take the following action for executors, my administrators, heirs, next of kin, successors, assigns and myself:

- A. I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from or my participation in any volleyball event.
- B. I AGREE NOT SUE any of the named persons or entities listed below for any of the claims or liabilities that I waived, released, or discharged herein
- C. I INDEMINIFY AND HOLD HARMLESS the named persons or entities mentioned below from any claims made or liabilities assessed against them as a result of my actions. NAMED PERSON OR ENTITIES: BCVC and their Regional Volleyball Associations, tournament director, club director, sponsors, board members, officers, employees, representatives and the owners, and any of the above.

Printed Player (participant) Name

Players Signature

Date if player is under 18 years of age, a parent or guardian must execute, in addition to the forgoing Waiver/Liability Release Form, the following, for and behalf of the minor. The undersigned parent and natural guardian or legal guardian of the player executes the forgoing Waiver/Liability Release Form for and behalf of the minor named herein. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver/Liability Release Form. I represent that I have legal capacity and authority to act on behalf of the minor named herein, and I agree to indemnify harmless named persons or entities named in the waiver/Liability Release Form for any Claims and Liabilities assessed against them as a result of any insufficiency or legal capacity of my authority to act for and behalf of the minor in the execution of the Waiver/Liability Form.

_____ Printed Name of Parent/Guardian

_____ Parent/Guardian Signature Date



FINANCIAL CONTRACT

The undersigned hereby agrees to the following payment/financial arrangements for BCVC Volleyball

National Team: \$ _____

Regional team: \$ _____

Local team: \$ _____

PLAN A PAYMENT TO BE PAID IN FULL: _____ (Please Initial)

**To be made prior to first week in September (5% discount)*

Plan B PAYMENT PLAN METHOD: _____ (Please Initial)

(SNAP Payments will automatically be taken out of a checking account you provide the company. You will receive and email about this)

*****PLEASE NOTE: If you choose Method (A) – Full Payment, you will receive a 5.0% discount on the dues/fees.**

Also, if you have more than one Player registered, you will receive a 5.0% discount off total fees. (Not 10% TOTAL, just 5%)

******* PARENT SIGNATURE: _____**

DATE: _____

PARENT PRINTED NAME: _____

*****IF AT ANY TIME PAYMENTS ARE NOT ABLE TO BE PROCESSED, YOU WILL BE GIVEN SUFFICIENT TIME TO RESOLVE YOUR PAYMENT; IF PAYMENT IS NOT RESOLVED, THE PLAYER WILL BE SUSPENDED FROM PRACTICES AND TOURNAMENTS UNTIL PAYMENT IS MADE.**