

2009 – 2010 MIZUNO CINCY CLASSICS VOLLEYBALL CLUB TRYOUT INFORMATION

TRYOUT DATES & TIMES

10s & 11s Tryouts (\$10/Player)

Saturday, October 31st – 12:00pm to 2:30pm

12s National & Regional Tryouts (\$10/Player)

Saturday, October 31st – 12:00pm to 2:30pm

13s National Tryouts (\$20/Player)

Friday, October 30th – 4:30pm to 6:30pm

Sunday, November 1st – 10:00am to 12:00pm

13s Regional Tryouts (\$10/Player)

Thursday, November 5th – 5:00pm to 7:00pm

14s National Tryouts (\$20/Player)

Friday, October 30th – 7:00pm to 9:00pm

Sunday, November 1st – 1:00am to 3:00pm

14s Regional Tryouts (\$10/Player)

Thursday, November 5th – 7:30pm to 9:30pm

15s National Tryouts (\$20/Player)

Sunday, November 15th – 11:00am to 2:00pm

Thursday, November 19th – 5:00pm to 7:00pm

15s Regional Tryouts (\$10/Player)

Saturday, November 21st – 12:00pm to 3:00pm

16s National Tryouts (\$20/Player)

Sunday, November 15th – 3:00pm to 6:00pm

Thursday, November 19th – 7:30pm to 9:30pm

17s & 18s National Teams

Invitation Only – You Will Be Notified In Early October

Team Meeting & Paperwork Due On November 15th

Contact Al Roysse for More Information.

TRYOUT PROTOCOL

Try-outs will begin promptly at the designated start time. **Please arrive 20 minutes early to check in.** At the end of tryouts the teams will be posted on the homepage of our website (www.cincyclassics.com). Instructions for accepting a position will also be posted. Attending both tryout dates is mandatory, however if alternative arrangements need to be made please contact Al Roysse.

It has been our experience that the players are under enough pressure from tryouts without being concerned with their parent's approval as well. Parents will NOT be allowed in the gym/lobby during tryouts.

WHO CAN I CONTACT WITH QUESTIONS?

Club Director – Al Roysse
Phone = 513-518-4963
E-Mail = asroysse@aol.com

TRYOUT REGISTRATION

In order to tryout for Mizuno Cincy Classics Volleyball Club you must adhere to the following rules and you are required to bring with you the following documents if you do not pre-register using the instructions below.

1. **Copy of your Birth Certificate**
 2. **\$10.00* Tryout Fee for 10s, 11s & 12s & Regional Teams**
 3. **\$20.00* Tryout Fee for 13s - 16s**
 4. **Completed OVR Waiver Form**
 5. **Completed USA Volleyball 2010 Medical Form**
 6. **Completed Cincy Classics Registration Form**
- * Cash Only Accepted!**

Pre-registration is available by completing the forms and bringing them to the gym (Monday – Thursday between 3pm and 8pm) or by mailing them to:

**Connie Sternberg
6498 Frontier Court
Liberty Township, Ohio 45044.**

We strongly encourage you to take advantage of the pre-registration process. Thank you for choosing our club to further your daughter's volleyball skills. We appreciate the effort it takes from everyone to help make our Club the success that it is today.

FINANCIAL BREAKDOWN PER PLAYER

	National	Regional
<i>Uniforms:</i>	\$200.00	\$200.00
<i>Tournaments:</i>	\$510.00	\$175.00
<i>Practice time:</i>	\$150.00	\$100.00
<i>Coaches Salaries:</i>	\$450.00	\$150.00
<i>Training Coach (Spinney):</i>	\$210.00	\$175.00
<i>Coaches Travel Expenses:</i>	\$475.00	\$100.00
<i>Registration fees:</i>	\$ 75.00	\$ 75.00
<i>Administration:</i>	\$100.00	\$ 75.00
Total Cost Per Player:	\$2,170.00	\$1,050.00

Uniform Cost = 2 Game Jerseys, 2 Spandex, 1 Warm-Up Pullover/Jacket, and 2 Practice T-Shirts.

Administration Cost = Balls, Stamps, Mail, Copies, etc.

PAYMENT REQUIREMENTS

National Teams: The cost of the Club is broken into two payments. The first payment of \$1,000 is due 10 days from date of tryouts and the second payment of \$1,170.00 is due no later than January 30th, 2010.

Regional Teams: The cost of the Club is requested to be paid as one payment of \$1,050.00 due no later than 10 days from the date of tryouts.

Refunds: Will be granted for teams that have an excess of \$100/player at the end of the season. Any team that does not meet that requirement will not receive a refund for the 2010 season.

Additional Payments: If your team exceeds the budgets that have been prepared, you may be required to pay a third payment.

AGE GROUP: _____

TRYOUT NUMBER: _____

PLEASE PRINT CLEARLY

Mizuno Cincy Classics Registration Form

Check one: **National** **Regional**

Name: _____ Grad. Year (HS): _____
School: _____ Grade: _____
Birth Date: _____ Age: _____
Height: _____ Weight: _____
Position: _____ Handed: Left / Right (circle)

Address: _____

City, ST & Zip: _____

Home Phone #: _____

E-mail Address: Mother's: _____

Father's: _____

Player's: _____

(Please print clearly – if your daughter makes a team this is one method of notification)

Parent's Names: Mother: _____ Father: _____

Cell #: _____ Cell #: _____

Have you ever played club volleyball? _____

If Yes, Name of club: _____

Do you play any other sport (Spring or Winter)? _____

If Yes, what sport? _____

School or Select? _____

Please complete this form and the attached OVR waiver form and 2010 Medical form, and then proceed to the registration desk for your tryout number. Please have a COPY of your birth certificate ready to turn in with the above forms.

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



USA Volleyball

2010 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL
PLAYER MEDICAL RELEASE FORM

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.*

Club: _____

Team Name: _____

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

OVR Waiver and Release of Liability

Note: This form must be read and signed before the Ohio Valley Region, Inc. (OVR) – USA Volleyball member is allowed to take part in any training, competition, practice/warm-up sessions, and meeting or testing sessions.

Participant Code of Conduct

A copy of the USA Volleyball Code of Conduct is included separately with this membership application.

Waiver and Release of Liability

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 for myself, my executors, administrators, heirs, next of kin, successors and assigns: 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 AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations (RVAs), tournament directors, sponsors, and 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 United States Volleyball Association, and Ohio Valley Region, Inc., the right to use my name, likeness, and image, in print, video, or electronic media form, in promotional materials or any account or record of my participation in activities sponsored or promoted by the United States Volleyball Association, and/or Ohio Valley Region, Inc. **[Cross out this paragraph if you do not wish to grant the rights described.]**

Signatures Required

In consideration of the rights and privileges granted to me by my membership with the Ohio Valley Region, Inc., a USAV RVA Member, 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 Waiver and Release of Liability;
3. I have a duty to read and understand the Ohio Valley Region, Inc. and USAV Codes of Conduct and Disciplinary Policies;
4. 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 the Ohio Valley Region, Inc./USAV in which I participate;
5. I understand that I have given up substantial rights;
6. I (or my parent or legal guardian) am at least eighteen (18) years old;
7. I agree and consent to abide by the Waiver and Release of Liability set forth herein, the USAV Code of Conduct and Disciplinary Policies, and the Code of Conduct and Disciplinary Policies of any RVA in which I participate; and
8. I understand that, if I violate the Ohio Valley Region, Inc. or USAV Codes of Conduct, I might be subject to disciplinary action in accordance with Ohio Valley Region, Inc. or USAV disciplinary policies.

Participant's Printed Name

Participant's Signature (regardless of age)

Date Signed

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 and natural guardian 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 received the USAV Participant Code of Conduct and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in OVR/USAV events.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date Signed

USA Volleyball Participant Code of Conduct

(To be retained by member)

In consideration of the rights granted to me by my membership with the Ohio Valley Region, Inc. (OVR), a USA Volleyball (USAV) Regional Volleyball Association (RVA) member, I consent to abide by the rules of conduct set forth herein, while I am a member of the OVR. I understand that these rules extend to my conduct in activities related to, and during any USAV/OVR sanctioned event in which I participate. This includes all events or activities sanctioned or sponsored by the RVAs or the USAV, 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 authorized person, persons, boards or committees of the RVAs or USA Volleyball.

THE FOLLOWING ACTIONS ARE PROHIBITED:

1. Illegal transport, illegal possession, or illegal use of drugs or other substances banned by the OVR or USAV. (Note: Disciplinary actions for use of banned substances shall be in accordance with USAV Drug Policy Program.)
2. Use of a recognized identification card by anyone other than the individual described on the card.
3. Physical damage to a facility or theft of items from a room, dormitory, residence, or other person. (Restitution will be a part of any penalty imposed.)
4. Possession of fireworks, ammunition, firearms, other weapons, or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons.
5. Any action considered to be an offense under Federal, State, or local laws/ordinances.
6. Violation of the specific policies, regulations, and/or procedures of the OVR, USAV, or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations, and procedures.)
7. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
8. Physical or verbal intimidation of any individual.

USA VOLLEYBALL DISCIPLINARY POLICY

Infraction	When Occurred	Suggested Maximum Penalty**
First	Before or during event	Individual disqualified immediately (if person is a junior she/he will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for OVR membership or USAV registration for one year starting from the date of the infraction.
	After event concludes	Individual will be declared ineligible for OVR membership or USAV registration for one year starting from the date of the infraction.
Second	Before or during event	Individual disqualified immediately (if person is a junior she/he will be sent home as soon as possible and parent or guardian notified). The individual will be declared ineligible for OVR membership or USAV registration for two years starting from the date of the infraction.
	After event concludes	Individual will be declared ineligible for OVR membership or USAV registration for two years starting from the date of the infraction.
Third		Individual will be immediately declared ineligible for OVR membership or USAV registration for the remainder of her/his lifetime.

Note: Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to immediate lifetime ineligibility for OVR membership or USAV registration.

**Appeals may be made in accordance with procedures set forth in the bylaws and operating code of the OVR and USA Volleyball as printed in the current OVR Handbook and Official USA Volleyball Guide, respectively.