



It is the duty and obligation of USA Volleyball affiliated Junior Club Program administrators, directors, coaches and other club personnel to assure the following Code of Ethics is followed and adhered to by all individuals who have an active role in a USA Volleyball Junior Club Program in any Region of USA Volleyball.

In a continuing effort to promote safe, healthy and ethical communication, relationships and treatment of all USA Volleyball players and personnel, all adults associated with a junior club program must read, accept and submit this Code of Ethics before they are eligible to actively participate in a junior club program associated, affiliated, or participating in USA Volleyball.

1. All adult club personnel affiliated with a junior program must be a registered member with a Region of USA Volleyball and USA Volleyball.
2. All adult club personnel including coaches, chaperones, assistant coaches, trainers, etc. affiliated with a junior program intending to participate in USA Volleyball must have an approved and current background screen on file as per USA Volleyball policy. It is intended that the term "all adult club personnel" be all inclusive and not limited to only those categories identified herein.
3. A head coach or assistant coach affiliated with a junior program must also: be an adult (see Region definition of an adult) and be IMPACT certified according to USA Volleyball and Region policies.
4. If allowed by Region rules, an assistant coach who has not yet met the age of majority in the state of residence must be supervised by a head coach recognized by the Region and must meet all applicable Region and USA Volleyball requirements. Individuals who are registered as junior players and also have an interest in coaching should contact their region regarding coaching eligibility.
5. Responsibilities:
  - A. A head coach or other equally qualified club personnel must be present at all practices and competitions. A head coach, adult club representative personnel or registered chaperone must be present during team-supervised travel. This individual shall be responsible for the moral, legal and ethical well-being for each participant during team/club activities.
  - B. Coaches shall understand the unique power of a coach-athlete relationship. Coaches and all other club personnel shall not exploit athletes and shall avoid any relationships which could compromise the integrity of the learning and participation process, impair their professional judgment and/or take advantage of a situation for their own personal gain or gratification.
  - C. All club personnel must understand that all forms of sexual abuse, assault or harassment of a current or former athlete are unethical and illegal even when an athlete invites or consents to such behavior or involvement. Club personnel shall not engage in sexual/romantic relationships with current athletes or other participants over whom there is/was authority. See B above.
  - D. All club personnel shall insure that all individuals have met all Regional Volleyball Association and USA Volleyball membership requirements prior to participation in any club, team and/or Region/National USA Volleyball activity.
  - E. All club personnel must inform the players and their parent(s)/guardian(s) about any Region and/or USA Volleyball transfer policy. This policy may restrict or prohibit a participant from transferring to another club or team if specified criteria have been met. Likewise, all club personnel

must inform the players and their parent(s)/guardian(s) of any rules or policies regarding coaching transfers during a particular season.

- F. All club personnel shall abide by and inform the players and their parent(s)/guardian(s) of applicable regional recruiting policies.
- G. All club personnel may not participate in, require another individual to participate in, or condone any act considered to be illegal under federal, state or local laws and/or ordinances.
- H. All club personnel shall strive to educate their athletes and personnel to respect, honor and adhere to the rules of the facility being used during practices, tournaments or events. In this regard, the rules of the facility shall have priority over the rules of the Regional Volleyball Association.
- I. All club personnel shall ensure that all activities are suitable for the age, experience and ability of their athletes.
- J. All club personnel shall seek professional medical advice when making decisions regarding an injured athlete's ability to continue training or playing.
- K. All club personnel shall, while serving in a professional capacity, avoid any drug, tobacco or alcohol use while in the presence of athletes.
- L. All club personnel shall not supply or condone the use of drugs, alcohol, tobacco, fireworks, ammunition, firearms, knives or any item or material that can be used as a weapon, to any of the participants or athletes and shall report any athlete using or in the possession of the same.
- M. All club personnel shall not allow, encourage, condone or require any behavior that threatens an athlete's amateur status or Regional, USA Volleyball, school and/or collegiate eligibility.
- N. All club personnel shall maintain all relationships with other club personnel on a professional and confidential basis.
- O. All club personnel must be positive role models. This includes being courteous, respectful and polite to players, parents, other coaches, club directors, event personnel, and officials.
- P. All club personnel will not engage in any physical, verbal or emotional harassment, abusive words or actions, or coercion of current and/or former athletes.
- Q. All club personnel will immediately report any suspected case of illegal activity, abuse, assault, harassment, or ethical violations of this club personnel code of ethics to the appropriate authorities, including Regional Volleyball Administrators.

Any violation of this Code may result in sanction being issued against the club representative, the individual(s) and the club/team involved. These sanctions may extend to the loss of eligibility of the club representative, the individual(s), the entire club and the team involved.

I acknowledge that I have read, understand and agree to abide by the statements in this Code of Ethics.

Applicant Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(On Behalf of Minor Applicant) Print Name \_\_\_\_\_

Date \_\_\_\_\_



# USA VOLLEYBALL - 2011-2012 INDIVIDUAL MEMBERSHIP FORM



This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed before the USAV registrant/RVA member listed on the application is allowed to take part in any training, competition, practice/warm-up sessions, and meeting or testing sessions. Additional RVA requirements may apply.

## MEMBERSHIP APPLICATION

LEGAL FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LEGAL LAST NAME: \_\_\_\_\_

Check box if name has changed in the past year. If yes, please provide previous name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GENDER:  Male  Female E-MAIL: \_\_\_\_\_

### JUNIORS ONLY:

GRADE (2011/12 School Year) \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HIGH SCHOOL GRAD YEAR \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

(USA Volleyball does **NOT** provide e-mail addresses to third parties)

Check box if you do NOT wish to be on USAV master 3<sup>rd</sup> party list.  Check box if you do NOT wish to receive USAV electronic news.

USA Volleyball is committed to diversity. This information is used to report aggregate data to the United States Olympic Committee. Please check one of the following:

- I choose not to respond
  - American Indian or Alaskan Native, not Hispanic or Latino
  - Black or African American, not Hispanic or Latino
  - Two or more races, not Hispanic or Latino
  - White, not Hispanic or Latino
  - Asian, not Hispanic or Latino
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- Are you:
- Hearing impaired/deaf (for USA Deaflympic Talent ID)
  - Disabled Physically (for Paralympic Talent ID)

### Membership Options (Annual fees per person)

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/>                              | \$      | <input type="checkbox"/>   | \$      |
| <input type="checkbox"/>                              | \$      | <input type="checkbox"/>   | \$      |
| <input type="checkbox"/>                              | \$      | <input type="checkbox"/>   | \$      |
| <input type="checkbox"/>                              | \$      | <input type="checkbox"/>   | \$      |
| <input type="checkbox"/> Extended Officials Insurance | \$ 6.85 | <input type="checkbox"/> Optional Donation to USA Team Programs. * | \$ 5.00 |

\*\$1 will be donated to each: Men's and Women's National Teams, High Performance Girls and Boys and Regional Junior Development

### Participant Role(s)

(Check all that apply - Depending on selection, additional requirements may apply)

- Player  Head Coach  Assistant Coach  Team Rep  Chaperone  Official  Other \_\_\_\_\_

## ACKNOWLEDGEMENT/USE AGREEMENT

- I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.
- I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by the USAV/RVA (the "Footage").
- I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.
- I hereby certify that the information provided is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that false information is grounds for denial of membership.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

If applicant is under 18 years of age

Parent/Guardian's Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## USA VOLLEYBALL 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, 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.

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 fully consent to my child's participation in USAV/RVA events.

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**REQUIRED FOR PARTICIPATION: Total of 3 signature(s) for participant and/or parent – 3rd signature on 2<sup>nd</sup> page**

SIGNATURE REQUIRED

SIGNATURE REQUIRED

## USA VOLLEYBALL CODE OF CONDUCT

**THE FOLLOWING ACTIONS ARE PROHIBITED:**

1. Violation of any anti-doping policies, protocols or procedures as defined by the International Olympic Committee (IOC), World Anti-Doping Agency (WADA), Federation Internationale de Volleyball (FIVB), US Anti-Doping Agency (USADA) or the United States Olympic Committee (USOC). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USA Volleyball (USAV) or Regional Volleyball Association (RVA) policy.
3. USAV policy prohibits the possession, consumption or distribution of alcohol and/or tobacco by anyone registered as a junior volleyball player at the event venue of any USAV/RVA sanctioned junior event.
4. Use of a recognized identification card by anyone other than the individual described on the card.
5. Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed.)
6. Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned events.
7. Any action considered to be an offense under Federal, State or local law ordinances.
8. Violation of the specific policies, regulations, and/or procedures of the USAV, RVA 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.)
9. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
10. Physical or verbal intimidation of any individual.
11. Actions that will be detrimental to USAV or the RVA.

**USA VOLLEYBALL DISCIPLINARY POLICY:**

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

**NOTE :** **Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to a lifetime ineligibility for USAV registration or RVA membership after the first infraction.**

**Penalties are only applied after affording the participant due process may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA as printed in the current *Official USA Volleyball Guide* and *RVA Handbook*, respectively.**

- I have read and understand the USA Volleyball Code of Conduct and Disciplinary Policies
- I agree and consent to abide by the USA Volleyball Code of Conduct and Disciplinary Policies and other region specific code of conducts and/or disciplinary policies.
- I understand that, if I violate the USAV and/or RVA Codes of Conduct, I might be subject to disciplinary action in accordance with USAV and/or RVA Disciplinary Policies.

Participant's Signature (regardless of age): \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

SIGNATURE REQUIRED

**MIZUNO CINCY CLASSICS**  
**COACHES REGISTRATION FORM**

**PLEASE PRINT CLEARLY**

Legal Name:

\_\_\_\_\_   
 No Nicknames allowed

Address:

\_\_\_\_\_   
 Street Name and Number

\_\_\_\_\_   
 City, State & Zip Code

SS#

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

E-Mail:

\_\_\_\_\_

Team Name:

\_\_\_\_\_

Title:

HEAD COACH

ASST. COACH

Phone #'s:

HOME:

\_\_\_\_\_

WORK:

\_\_\_\_\_

CELL:

\_\_\_\_\_

Circle YES/NO for potential AAU registration:

- |  |     |    |
|--|-----|----|
| 1) Do you have personal Accident and Health Insurance? | YES | NO |
| 2) Have you ever been convicted of any sex offense?    | YES | NO |
| 3) Have you ever been convicted of a felony?           | YES | NO |

Men:      Shirt Size: \_\_\_\_\_      Jacket Size: \_\_\_\_\_      Pants Size: \_\_\_\_\_

Women:      Shirt Size: \_\_\_\_\_      Jacket Size: \_\_\_\_\_      Shorts Size: \_\_\_\_\_

Do you coach @ middle or high school?

If Yes, School Name

\_\_\_\_\_



Cincy Classics Volleyball Club ~12110 Princeton Pike ~ Springdale, OH 45246-1726

## Waiver and Release of Liability Form

### 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 ATTENDING 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 injuries or damages of any kind. **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WONTON 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:** Cincy Classics Volleyball Club, it's directors, sponsors, employees, coaches, representatives, volunteers, and agents of any of the above. This also includes GE Park, their employees, directors, agents and all representatives; b) **I AGREE NOT TO SUE** any of the persons 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.

### Release of Name, Likeness or Image

I grant Cincy Classics Volleyball Club, the rights 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 Cincy Classics Volleyball Club.

I understand that Cincy Classics Volleyball Club, its directors, sponsors, employees, coaches, representatives, volunteers and agents will not distribute my contact information via use of any materials mentioned above. Contact information will only be distributed by Cincy Classics Volleyball Clubs directors, employees, and coaches to those persons whom formally request this information. These requests must be made verbally, electronically or in writing by said persons and will are to be used for College Recruiting purposes only. All requests for the use of any information mentioned above that do not involve and/or revolve around college recruiting will be denied by Cincy Classics Volleyball Clubs directors, employees, and coaches.

If you do not wish to grant rights for the use or distribution of any of your image or likeness or any other information mentioned above cross out the applicable paragraphs and that information will be kept private.

### Signatures

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

1. I have read and completed all sections of this form;
2. I have read and understand the Cincy Classics Volleyball Club Codes of Conduct, Policies and Waiver and Release of Liability.
3. I understand that the Codes of Conduct, Policies and Waiver and Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by Cincy Classics Volleyball Club in which I participate;
4. I (or my parent or legal guardian) am at least eighteen (18) years old;
5. I agree and consent to abide by the Cincy Classics Volleyball Club Codes of Conduct, Policies and Waiver and Release of Liability set forth herein; and
6. I understand that, if I violate the Cincy Classics Volleyball Club Codes of Conduct, I might be subject to disciplinary action in accordance with Cincy Classics Volleyball Clubs Policies.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participants Signature (Regardless of age)

\_\_\_\_\_  
Date Signed

**If above named person 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 participant ( \_\_\_\_\_ [minor's name]) executes the forgoing 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 of 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 Cincy Classics Volleyball Clubs Codes of Conduct and have reviewed the Codes and Policies with my child regarding the stipulated conditions and their ramifications. I fully consent to my child's participation in all Cincy Classics Volleyball Clubs events.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

## MIZUNO CINCY CLASSICS COACHES RULES

- ◆ Please have your tournament schedules completed by December 1<sup>st</sup> and submit them for final review to John
- ◆ If a tournament has been canceled, changed, etc. you will need to replace that tournament ASAP!
- ◆ For special tournament requests, please give Julie ample time to register your team by providing her with the information as early as possible.
- ◆ You will receive written confirmation of your tournament schedule to place in your binder. If you do not receive such confirmation, then you are NOT in the tournament.
- ◆ You must make all requests for tournament entry to Julie in writing via e-mail.
- ◆ A binder will be given to each coach with information about each player on your team. This includes their medical release form and birth certificate. It is mandatory that you take it to every tournament in case of emergencies.
- ◆ Your binder will also contain your tournament schedule, tournament registration form, roster, Club/Coaches rules, OVR registration proof and impact certification.
- ◆ Coaches MAY NOT contact any tournament Director. (i.e., to complain, to ask if you are in a tournament, etc.) Connie or Julie will handle any issues you have.
- ◆ Coaches should not accept any money from a parent or player. Tell them to give it directly to Connie, Julie or Al or put it in the Cincy Classics box on top of the coke cooler.
- ◆ All receipts (if) traveling with your team should be turned in to Connie, Julie or placed in the afore mentioned box within 2 weeks of the tournament. No reimbursement will be paid out until all receipts are collected. Please be sure to use the reimbursement form provided to you. The books have to be kept up to date.
- ◆ Communication is important in order to maintain a successful and happy volleyball club so please speak with Al, Connie or John if you have any concerns.
- ◆ Payment schedule: 1<sup>st</sup> payday – December, 2<sup>nd</sup> payday – Mid March; Final payday – when you turn in your club volleyballs to Al. Please cash your checks promptly. If you owe fees for lessons you will not receive your final check until they are paid in full.
- ◆ If you move, get a different phone number, change your email address or any pertinent personal contact information please notify us immediately.

Please be patient and considerate while we work through the logistics of who is performing which tasks regarding the paperwork, etc. There are many behind the scenes tasks (registering the club, coaches and players, tournament entry, uniform fittings, payments to collect, general banking, etc.) so please also be considerate of the workload. Our goal as a club is to respect one another and have fun while coaching the kids on our teams. We want this to be a great experience for the kids, coaches and the administration. Thanks and have a great season!

### Contact Information:

Al Royse Work: 346-2722 after 2 p.m. Cell: 518-4963 or email: [asroyse@aol.com](mailto:asroyse@aol.com)  
Connie Sternberg Work: 243-2021 Home: 779-8839 or email: [connie4vb@aol.com](mailto:connie4vb@aol.com)  
John Spinney Cell: 235-0302 or email: [john\\_spinney@yahoo.com](mailto:john_spinney@yahoo.com)  
Julie Lovell Home: 777-4115 Cell: 520-0663 or email: [jullovell@cincyclassics.com](mailto:jullovell@cincyclassics.com)

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I understand and agree to the above rules.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Coaches Signature

\_\_\_\_\_  
Date Signed

## CINCY CLASSICS - INSTRUCTIONS FOR BACKGROUND SCREENING

To determine if you need screening for the season, go to [www.cincyclassics.com](http://www.cincyclassics.com) and click on Club Forms. Under Coaches Documents, click link to file titled: 2012-Background-STATUS

If your name is in red you must follow the directions below to update your background screening. If you are not listed and coached last year, please email [jullovell@cincyclassics.com](mailto:jullovell@cincyclassics.com)

All individuals registering with the Ohio Valley Region, Inc. of USA Volleyball who will interact with juniors in any sanctioned activity must agree to [background screening](#). Background screens are valid for 2 calendar years, and background screens which would expire during the season must be renewed now. Coaches who turn 18 during the season must be screened immediately on turning 18.

1) Follow link (or copy/paste to browser) to SSCI website:

[https://ssci2000.secure-screening.net/escreening/OApp\\_LoginEntrance.asp?mode=direct&code=3285OV](https://ssci2000.secure-screening.net/escreening/OApp_LoginEntrance.asp?mode=direct&code=3285OV)

- 2) Enter First and Last Name, email address to Login
- 3) Complete form information
- 4) Click on Print this Application
- 5) **AFTER** successful printout, **click on I Agree**
- 6) Sign hardcopy (2 places)
- 7) Mail to address below or leave in box at GE.

Julie Lovell

8258 White Hill Lane

West Chester OH 45069