

2011 – 2012 MIZUNO CINCY CLASSICS VOLLEYBALL CLUB TRYOUT INFORMATION

TRYOUT DATES & TIMES

10s & 11s + 12s National & Regional Trvouts (\$20/Player)

Saturday, October 29th – 11:00 am to 1:00 pm

13s National Trvouts (\$20/Player)

Friday, October 28th – 5:00 pm to 8:00 pm

14s National Trvouts (\$20/Player)

Sunday, October 30th – 1:00 pm to 4:00 pm

13s Regional Trvouts (\$20/Player)

Thursday, November 3rd – 5:00 pm to 8:00 pm

14s Regional Trvouts (\$20/Player)

Sunday, November 6th – 1:00 pm to 4 pm

15s National Trvouts (\$20/Player)

Sunday, November 13th – 1:00 pm to 4:00 pm

15s & 16s Regional Trvouts (\$20/Player)

Thursday, November 17th – 5:00 pm to 8:00 pm

18s National Teams

Invitation Only

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.

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 = 513-346-2722
E-Mail = asroyse@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 following.

1. **COPY of your Birth Certificate**
2. **\$20.00 Tryout Fee – Cash Only Accepted!**
3. **USA Volleyball Waiver and Code of Conduct Form**
4. **USA Volleyball 2011 – 2012 Medical Form**
5. **Cincy Classics Registration Form**
6. **Cincy Classics Team Rules**
7. **Cincy Classics Waiver/Liability Form**

PRE-REGISTRATION

Pre-registration is available by completing the attached forms and bringing them to the gym along with the tryout fee and a **COPY** of your daughters birth certificate (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. By pre-registering this allows an added advantage for your daughters at tryouts as her information reaches the evaluators in advance.

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 COSTS PER PLAYER

	National	Regional
<i>Total Cost Per Player:</i>	\$2,195.00	\$1,060.00

Uniform items included in the cost are 2 Game Jerseys, 2 Spandex, 1 Warm-Up Pullover/Jacket, and 2 Practice T-Shirts. Warm up pants are an optional item at an additional cost. They will be available to order at uniform fittings.

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 \$1,195.00 is due no later than January 30th, 2012.

Regional Teams: The cost of the Club is requested to be paid as one payment of \$1,060.00 due no later than 10 days from the date of tryouts.

Refunds: Will be granted for National 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 2012 season.

Additional Payments: We strive to keep the teams within their budgets as you see them however if your team decides to play extra events or more expensive events the excess amount would require a third payment. Budget information can be obtained from your coach.

AGE GROUP:

TRYOUT NUMBER:

PLEASE PRINT CLEARLY

Mizuno Cincy Classics Registration Form

Check: **National** **Regional** **Both**

LEGAL NAME ONLY: _____ 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 along with ALL the attached forms as listed in the cover letter, and then proceed to the registration desk for your tryout number. Please have a COPY of your birth certificate ready to turn in. If your daughter does not make a team, these forms, including her birth certificate will be shredded.



TEAM RULES 2012

1. **School comes first.** Any player experiencing serious problems in school, either academic or disciplinary will give up her right to play and parents will notify the coach as soon as possible.
2. **Punctuality is required.** We expect all players to be on time for practice and tournaments. On time means shoes on, jewelry off, stretched out, etc. We will begin practice promptly at announced time. We also expect all players to remove their belongings from GE Park's lobby area.
3. **Regular attendance at practice is mandatory.** Not being at practice (excused or unexcused) may result in lack of playing time. Excused absences include illness and family emergency; (this does not include work). If you are going to miss a practice or a match you must notify your coach in advance.
4. **Wear appropriate clothing & gear.** Gym shorts, gym shoes, kneepads and appropriate clothing must be worn at all practices. No cut-off blue jeans, revealing clothes, half shirts, etc.
5. **Be respectful at all times.** All athletes will be expected to treat all adults, coaches, Club Directors, fellow athletes, opponents and officials with respect at all times.
6. **Be prepared to play.** Coaches will give you curfew times when traveling to a tournament and any direction given by coaches while traveling is expected to be followed.

GUIDELINES FOR POSITIVE & ACCEPTABLE COMMUNICATION

- Cheer your daughter, be supportive of her, console her, but do it without judging her, the coach, or teammates. Try to refrain from coaching your daughter before, during, or after a match. Many times this conflicts with what the coach is teaching and can confuse the athlete and be counter-productive for all involved.
- Encourage your daughter to seek her own answers. Coaches will respect players who come directly to them and privately question their role and playing time.
- Positions and talent sometimes do not match up. Coaches attempt to do what is best for the team, putting the best physical mix and the best "chemistry" on the floor. This may mean that sometimes your daughter may be playing out of position in an attempt to "strengthen" the team. Stay positive, and your daughter will flourish.
- If you have concerns and your daughter has attempted unsuccessfully to work things out with the coach on her own, schedule a meeting with the coach. Your daughter should attend as well because a common occurrence is that sometimes you did not get the whole story. Should you decide to set up a meeting, wait 24 hours after an incident. This allows time for more level heads to prevail.
- If you are trying to resolve a problem, help your daughter by being a role model in the problem solving procedure.
- Visibly show that you enjoy watching your daughter and her team perform!

Unacceptable Communication/Behavior Include:

- Ganging up or utilizing a team strategy to ambush a player or coach.
- Creating conflict with other athletes and their families.
- Approaching a coach directly after a practice or at a tournament without notice.
- Communication that is done without your daughter's knowledge.

Players Signature: _____

Parents Signature: _____

Date: _____



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



2011-2012 USAV YOUTH & JUNIOR 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. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: _____ Team Name: _____ Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian	
Name: _____	Address: _____
Primary Phone: _____	City, State & Zip _____
	Alternate Phone: _____

Secondary Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____	
Name: _____	
Primary 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.

Participant Signature _____ Date: _____
 (regardless of age):

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 understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____
 Relationship to Participant: _____

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.

Signature: _____ Date: _____
 Parent/Guardian

or

I do not authorize emergency medical/dental care for my daughter/son.

Signature: _____ Date: _____
 Parent/Guardian



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) _____

HIGH SCHOOL GRAD YEAR _____

SCHOOL NAME: _____

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

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

Check box if you do NOT wish to be on USAV master 3rd 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 2nd 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