



## 2020-21 Membership Forms

Player Name \_\_\_\_\_

The attached forms must be completed in BLACK INK and signed where applicable. Make sure to read each form carefully. Most forms require signatures from a parent and the athlete.

### Check-off List:

- |                          |  |                         |
|--------------------------|--|-------------------------|
| <input type="checkbox"/> | 2020-21 Athlete Information Form         | Form 1                  |
| <input type="checkbox"/> | Athletic Code                            | Form 2                  |
| <input type="checkbox"/> | Membership Agreement                     | Form 3                  |
| <input type="checkbox"/> | Participation Agreement                  | Form 4                  |
| <input type="checkbox"/> | Injuries, Damages or Losses Agreement    | Form 5                  |
| <input type="checkbox"/> | Recurring Payment Authorization          | Form 6                  |
| <input type="checkbox"/> | Photo/Live Stream Release                | Form 7                  |
| <input type="checkbox"/> | COVID-19 Waiver                          | Form 8                  |
| <input type="checkbox"/> | USAV Medical Release (Must be notarized) |                         |
| <input type="checkbox"/> | Copy of Birth Certificate                |                         |
| <input type="checkbox"/> | Copy of AAU Membership                   | Enter club code: WYD8AW |
| <input type="checkbox"/> | Deposit Check and First Payment          |                         |
- \*Payable to Gulf Coast Jrs\*



FORM 1 - 2020-21 ATHLETE INFORMATION

Player's Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Player's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in. R or L Handed \_\_\_\_\_ Positions Played \_\_\_\_\_ Years played \_\_\_\_\_

Last season's jersey # \_\_\_\_\_ (if returning) If available: GPA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

USAV Membership # \_\_\_\_\_ AAU Membership# \_\_\_\_\_

**\*Important\*** When registering for AAU & USAV, please select Gulf Coast Jrs as your club. **AAU club code: WYB977**

Do you have any medical issues? Y N Allergies: Y N If Yes, please describe: \_\_\_\_\_

Mother's Information:

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Address if different from player: \_\_\_\_\_

Cell phone \_\_\_\_\_ Work \_\_\_\_\_ Include in group emails? Yes or No

Father's Information:

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Address if different from player: \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Include in group emails? Yes or No

Party responsible for payment: \_\_\_\_\_ Relationship \_\_\_\_\_

Would you like to be a sponsor? Yes or No Would you like to be a team parent or food parent? Yes or No \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_



## FORM 2 - ATHLETIC CODE

Participation in this program is a privilege and should be approached by the athletes, coaches, and parents as such. Each participant represents Gulf Coast Jrs and should reflect good sportsmanship in their actions on and off the court.

Below are a list of code of conducts every athlete and parent(s) must follow:

- Athletes are prohibited from having any of the following items in their possession at anytime: alcoholic beverages, any tobacco products or smoking materials, e-cigarettes, inhalants, prescription or non-prescription drugs of any type, or any other type of illegal drug or substance. *IF A PLAYER IS FOUND TO BE IN POSSESSION OF ANY BANNED SUBSTANCE, HER MEMBERSHIP IN GULF COAST JUNIORS VOLLEYBALL CLUB WILL BE TERMINATED IMMEDIATELY.*
- Players, coach or parents should not make any disparaging remarks about, or gestures towards, another player, team, coach or official during or between matches.
- If a player is aware of another player(s) being in possession of a banned substance or violating any of our rules, she **MUST** tell a coach or parent immediately. Failing to do so will result in disciplinary action.
- For safety reasons, we require that all participants account for their whereabouts at all times and they should never go anywhere by themselves. There are NO EXCEPTIONS to this rule.
- Players MUST reflect good sportsmanship on and off the court.
- Members and parents are expected to act appropriately and dress tastefully, keeping in mind that they are representing Gulf Coast Jrs and our community.
- When participating in a tournament, players and coaches should not leave personal or team property unattended.
- Players and parents are responsible for leaving all facilities neat and clean. No coolers, food or drinks will be allowed in any gymnasium, regardless of what other teams or parents are doing.
- Players and parents should have a general knowledge of the USAV, the State High School program, and the Florida Region rules and regulations.

**These restrictions may seem obvious, but we wish to have as many questions clarified BEFORE a problem develops. We reserve the right to add rules as situations demand.**

**We have read all of the expectations for the participant and parents and we agree to abide by all of the rules.**

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

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_



### FORM 3 - MEMBERSHIP AGREEMENT

The undersigned player and parent/guardian, hereafter designated as member, agree to accept membership in the Gulf Coast Jrs Volleyball Club for the 2020-21 open season. Membership entitles the member to participate in 2 practices per week and tournaments designated by the Club. Equal opportunity to participate will be provided during practice; however, on-court time at tournaments is not guaranteed, and is determined by the Club coaching staff. Tuition payments must be made according to the schedule below. If the payment is not received by the due date, the player will not be allowed to continue practices or play in tournaments until the payment is made.

The total annual tuition for 12U-15U includes: the non-refundable registration fee, Club operating expenses, 2 jerseys, 2 spandex, 1 backpack, 1 pair knee pads, tournament entry fees and all coach's costs. If a team determines that they want to play in an additional tournament(s), the cost of the tournament(s) would be divided among the team members. Players pay for their food & personal items. USAV registration fee and AAU registration fee are not included in the annual tuition. Parents provide transportation to all practices and tournaments. If an overnight stay at a hotel is required for a tournament, players will stay with parents in a hotel selected by the hosting tournament. *Some tournaments are mandatory stay-to-play.*

The total annual tuition for Travel Teams (16U through 18U) includes the non-refundable registration fee, Club operating expenses, 3 jerseys, 2 spandex, 1 backpack, 1 pair knee pads, tournament entry fees, and all coach's costs. Players pay for their food and personal items. USAV registration fee and AAU registration fee are not included in the annual tuition total. Parents provide transportation to all practices and tournaments. When overnight stays are required for a tournament, players will stay with parents in a hotel selected by the hosting tournament. *Some tournaments are mandatory stay-to-play.*

Note: Travel Team members will be responsible to pay for their transportation costs to ALL out-of-state events, as well as an additional fee, which will cover ground transportation (if needed), tournament entry fees and all coach's expenses. The amount of this additional fee will be given to you in a timely manner and must be paid by the posted deadline. Players will stay with parents at the hotel selected by the hosting tournament.

#### 12U (4-5 Tournaments)

	Date Due
Registration Fee	\$ 50.00 * At Registration
First Payment	\$400.00 At Registration
Second Payment	\$450.00 Nov. 1, 2020
Third Payment	\$450.00 Dec. 1, 2020
Fourth Payment	\$450.00 Jan 1, 2020
Final Payment	\$450.00 Feb 1, 2020
<b>Total</b>	<b>\$2,250.00</b>

#### 13U -15U (6-7 Tournaments)

	Date Due
Registration Fee	\$ 50.00 * At Registration
First Payment	\$400.00 At Registration
Second Payment	\$525.00 Nov. 1, 2020
Third Payment	\$525.00 Dec. 1, 2020
Fourth Payment	\$525.00 Jan 1, 2020
Final Payment	\$525.00 Feb 1, 2020
<b>Total</b>	<b>\$2,550.00</b>

#### 16U - 18U (6-7 Tournaments Min. 2 Qualifiers)

	Date Due
Registration Fee	\$ 50.00 * At Registration
First Payment	\$400.00 At Registration
Second Payment	\$600.00 Nov. 1, 2020
Third Payment	\$600.00 Dec. 1, 2020
Fourth Payment	\$600.00 Jan. 1, 2020
Final Payment	\$600.00 Feb. 1, 2020
<b>Total</b>	<b>\$2,850.00</b>

This agreement, together with any attachment(s), will be governed by the laws of the State of Florida, which supersede all prior oral or written representations or communications between the parties, constitutes the entire understanding of the parties regarding the subject matter of this agreement, and may only be modified or amended by a written supplement signed by both parties.

Read, acknowledged and agreed to this date:

\_\_\_\_\_,  
20\_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
Player

**In event of default, this obligation will be referred to an attorney and/or a collection**



**FORM 4 - PARTICIPATION AGREEMENT**

We, the parents/guardians of \_\_\_\_\_ (player's name) have read the information concerning the policies and practices of the Gulf Coast Jrs Volleyball Club (hereafter called the "Club"). We agree to allow her to join the Club for the 2020-21 open season. We understand that we are responsible for all Club fees and expenses, plus transportation to practices and all tournaments.

Skill Assessments are held at Registration to determine the skill level of each player in order to place her on the appropriate team. All girls, who register, will be welcomed into our Club. If there are not enough girls in your age group for a team, we will do our best to put you on a team; however, you may have to play in an older age group. Our goal is to teach your athlete the game of volleyball and for the parents and the player to become part of our great volleyball family.

Playing on a travel team will be optional. Maintaining membership on a specific team will be at the discretion of the Club Director. Team assignments can be changed and are dependent upon the development of the individual player including her commitment, attitude, her ability to be coached, behavior, etc.

We have read the material provided and understand the time commitment involved in practice and competition. We have reviewed the Membership Agreement and understand that all fees must be paid in full regardless of the duration of participation by the individual.

***Understanding the stipulations and having discussed these with our child, we agree to and will support her participation in the Club. We understand that once (Player's Name: \_\_\_\_\_) is registered with Gulf Coast Juniors Volleyball Club and competes, she will not be able to transfer to another club and compete in any USAV regional tournament or the Junior Olympic Volleyball Championships.***

**SIGNATURE \_\_\_\_\_**  
(Parent/Guardian)

Date \_\_\_\_\_

**As the player, I understand the commitment I am making to the Club and I am willing to commit myself to the program and my teammates for the 2020-21 open season.**

**SIGNATURE \_\_\_\_\_**  
(Player)

Date \_\_\_\_\_



## FORM 5 - INJURIES, DAMAGES, OR LOSSES

By using the facilities provided by the Gulf Coast Jrs Volleyball Club, *referred to hereafter as the Club*, the member expressly agrees that the Club shall not be liable for any damages arising from personal injuries sustained by the member or her guest(s) in, on or about the premises of the said facilities and further agrees the Club shall not be liable for any loss or theft of personal property. Members assume full responsibility for any injuries, damages or losses which may occur to the member or guest, in or about the premises of said facilities and does hereby fully and forever release and discharge the Club, owner, employees and agent from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the members or guests use or intended use of the said facilities or the facilities and equipment thereof provided, however, that nothing contained shall release or discharge the Club from its negligence or the negligence of employees, or officer.

Member warrants, represents and agrees that the member is in good physical condition and that she has no disability, impairment or ailment that prevents her from engaging in active or passive exercise that will be detrimental and inimical to her health, safety, comfort or physical condition if she does so engage or participate. It is recommended that everyone consult their own physician before beginning any exercise program. Members shall not be relieved of their obligations to make any payment herein agreed to and no deduction or allowance from said payments shall be made, by reason of the absence or withdrawal of the member from membership or by reason of the member's failure to attend or use the facility.

The undersigned has received, read, understands and agrees to abide by and cause family members and guests to abide by the rules and regulations of the Club, as they now exist, and, as they may from time to time be amended or supplemented.

This agreement is not assignable or transferable by the member without the specific agreement and approval of the Club. Due to the fact that damages under this agreement are difficult to ascertain, the parties mutually agree that in the event of a default, the Club is entitled to receive the entire contract balance due as liquidated damages, plus all delinquency fees as prefaced herein. This agreement, together with any attachment(s) will be governed by the laws of Florida, supercedes all prior oral or written representations or communications between the parties, constitutes the entire understanding of the parties regarding the subject matter of this agreement, and may only be modified or amended by a written supplement signed by both parties.

Read, acknowledged, and agreed to this date, \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(Parent/Guardian)

Signature: \_\_\_\_\_  
(Player)



Form 6 - **RECURRING PAYMENT AUTHORIZATION**

**Gulf Coast Jrs** requires that parents use a credit card when paying their player dues.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card, and you hereby waive any right to dispute or request a chargeback of such charges with the credit card company. You will be charged the amount indicated on the fee schedule for each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us. Alternative payment methods must be authorized by management at Gulf Coast Jrs. Please note that the deposit is non-refundable.

Player Information: (PLEASE PRINT) Team: \_\_\_\_\_ Total Tuition: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Information: (PLEASE PRINT):

I, \_\_\_\_\_, authorize **Gulf Coast Jrs Volleyball Club** to charge my credit card as  
(Full Name)

indicated below for a total of \$ \_\_\_\_\_, payable over a specified number of months as outlined in the  
(Total Amount)

Membership Agreement fee schedule, and hereby waive any right to dispute or request a chargeback of such charges.

Visa \_\_\_ Amex \_\_\_ Discover \_\_\_

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ CVV: \_\_\_\_\_ EXP: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Leave blank if same as above)

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Gulf Coast Jrs Volleyball Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.

\*REVISED 7/31/20



## FORM 7 - ATHLETE PHOTO/LIVE STREAM RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ [Athlete] grant Gulf Coast Jrs Volleyball Club permission to use  
photographs and/or videos taken during team practice, tournaments or other team events or any legal use, including but not  
limited to: publicity, copyright purposes, illustration, training, advertising, recruiting, social media and web content.  
Furthermore, I consent that such photographs and or videos shall be the property of Gulf Coast Jrs, which has the right to  
duplicate, reproduce and make other uses as Gulf Coast Jrs deems necessary.

I understand that practices and/or tournaments may be streamed live (Facebook or other live stream app) and/or recorded  
for recruiting purposes. The player and spectators will be recorded during these events.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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

Parent/Guardian's Printed Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_





### Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**GULF COAST JRS VOLLEYBALL CLUB** has put in place preventative measures to reduce the spread of COVID-19; however, **GULF COAST JRS VOLLEYBALL CLUB** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending ANY 2020 LESSONS, CAMPS, CLINICS OR CLUB TEAM ACTIVITIES, indoor or outdoor, could increase your risk and child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending lessons, camps or clinics, club team activities, indoor or outdoor, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while attending lessons, camps, clinics or club team activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the **GULF COAST JRS VOLLEYBALL CLUB** coaches, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance during lessons, camps, clinics or club team activities participation in any **GULF COAST JRS VOLLEYBALL CLUB** programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the **GULF COAST JRS VOLLEYBALL CLUB**, its coaches, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the **GULF COAST JRS VOLLEYBALL CLUB**, its coaches, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any lesson, camp, clinic or club team activities, indoor or beach.

Name of Participant(s) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Accepted by Gulf Coast Jrs Volleyball Club Representative: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_