



2021-22 Membership Forms

Player Name _____

The attached forms must be completed in BLACK or BLUE 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:

- Athlete Registration Form Online
- Athletic Code Form 2
- Financial Agreement (Mini Season & Travel Club Season) Form 3 (To be completed at tryouts)
- Participation Agreement Form 4
- Facility Damages or Losses Agreement Form 5
- Recurring Payment Authorization Form 6 (Travel Club ONLY-Optional)
- Photo/Live Stream Release Form 7
- Liability Release & COVID-19 Waiver Form 8
- USAV Medical Release (Must be notarized) (Travel Club ONLY - Completed online after team assignment)
- Copy of Birth Certificate
- Copy of AAU Membership Enter club code: WYD8AW
- Deposit Check and First Payment
Payable to Gulf Coast Jrs Deposit to be made by CASH or CHECK

Mini Season Registration \$50 Tuition \$425 Total Due at Tryout = \$475
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Travel Club Season Registration \$50 Deposit \$500 Total Due at Tryout = \$550 Tuition will be determined by team placement.
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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.

YOUTH PARTICIPANT

Name: _____ Date of Birth: _____

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name: _____ Date: _____

Signature: _____ Driver's Licence # _____

Name: _____ Date: _____

Signature: _____ Driver's Licence# _____



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 2021-2022 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 & committed to a team with Gulf Coast Juniors Volleyball Club, she will not be able to transfer to another club and compete in any USAV regional tournament or the Junior Olympic Volleyball Championships.

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

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 2021-2022 club season.

YOUTH PARTICIPANT

Name: _____ Team Name: _____

Signature: _____



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 **Gulf Coast Jrs Volleyball 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, supersedes 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____

YOUTH PARTICIPANT

Name: _____ Date of Birth: _____

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name: _____ Date: _____

Signature: _____ Driver's Licence # _____

Name: _____ Date: _____

Signature: _____ Driver's Licence# _____



Form 6 - **RECURRING PAYMENT AUTHORIZATION**

(Travel Club ONLY-Optional)

Gulf Coast Jrs Volleyball Club offers parents use a credit card when paying their player tuition. This does NOT include the tryout fee or non-refundable deposit which must be paid by cash or check.

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.



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.

YOUTH PARTICIPANT

Name: _____ Date of Birth: _____

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name: _____ Date: _____

Signature: _____ Phone# _____

Name: _____ Date: _____

Signature: _____ Phone# _____



FORM 8 - LIABILITY RELEASE & COVID-19 ACKNOWLEDGEMENT

In consideration of being allowed to participate in any way in the **Gulf Coast Jrs Volleyball Club** program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. 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 (practices, scrimmages, tournaments, private lessons, etc.) can cause potential death, serious injury, or property damage.

2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease.

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others and assume all fully responsibility for my participation.

4. I willingly agree to comply with the stated and terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, AGREE NOT TO SUE and HEREBY RELEASE AND HOLD HARMLESS **Gulf Coast Jrs Volleyball Club**: their directors, coaches, officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE SIGNING BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ACKNOWLEDGMENT BY PARENTS AND /OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS: By acknowledging and agreeing signing in the Youth Participants Participant section below, I agree to and verify the following:1) I am the parent or legal guardian for the youth participant named below, 2) that the date of birth of the youth participant associated with the guardian account is correct, 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risk of his/her participation in these programs, and 4) that I specifically agree to his/hers release as provide herein of all the Releasees from any and all liabilities incident of this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

YOUTH PARTICIPANT

Name: _____ Date of Birth: _____

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____