

USYVL ID#	Social Security Number	Site	City	Adult Shirt Size - Please Circle One S M L XL XXL XXXL		
Last Name		First Name		MI	Suffix	Nickname
Telephone ( ) -	Street Address		City		St	Zip
Business/Employer		Business Telephone ( ) -	Fax ( ) -	e-mail address		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Driver's License Number	State	Expiration	OR Photo Id Number	State Expiration
Do you have any disabilities, handicaps, present injuries or limitations, allergies, epilepsy, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? [ ] Yes [ ] No If yes, please state problems here:						

<b>I volunteer to coach:</b> <input type="checkbox"/> Team Coach  <input type="checkbox"/> Assistant Coach  No experience needed. We will train all Coaches.	<b>Name(s) of the child(ren) I wish to coach:</b> _____ _____	<b>I volunteer for first aid:</b> <input type="checkbox"/> *First Aid Administrator <input type="checkbox"/> *First Aid Assistant *Requires CPR and Basic First Aid Certificate  Tends to all injuries	<b>I volunteer for the following administrative position:</b> <input type="checkbox"/> Registration <input type="checkbox"/> Registration Assistant  Daily Check-in
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PERSONAL REFERENCE (Non-relative; known at least one year) or EMERGENCY CONTACT if volunteer is a minor.

Last Name	First Name	Relationship			
Telephone ( ) -	Street Address		City	St	Zip

PRIOR VOLUNTEER REFERENCE (Prior youth-related experience)

Organization Name	Your Volunteer Position in Organization	Dates of Your Volunteer Activity			
Reference Last Name	Reference First Name	Reference's Position in Organization			
Telephone ( ) -	Street Address		City	St	Zip

The welfare of the children comes first in the USYVL program. As such, I understand I may be disqualified and prohibited from serving as an employee or volunteer of USYVL if I check yes to any of the following: Disclosure Statement (yes or no must be marked for each of the following statements)

I have:

- 1) Been convicted of or plead guilty to any crimes (including crimes of record which has been expunged and pleas of "no contest");  YES  NO
- 2) Been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order;  YES  NO
- 3) Been adjudged liable for civil penalties or damage involving sexual, physical or verbal abuse of children;  YES  NO
- 4) Had parental rights terminated;  YES  NO
- 5) A history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse of minors;  YES  NO
- 6) Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse of minors;  YES  NO
- 7) A history of behavior that indicates I may be a danger to children in the USYVL program;  YES  NO

If you checked "YES" to any disclosure item, please indicate number(s) \_\_\_\_\_ and attach an explanation on separate page.

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES THAT I HAVE READ THE FRONT AND BACK OF THIS FORM, INCLUDING THE DISCLOSURE STATEMENT, WAIVER, CONSENT AND RELEASE OF LIABILITY, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, EMERGENCY AUTHORIZATION AND ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. I FURTHER DECLARE UNDER THE PENALTY OF PERJURY AND WARRANT THAT THE INFORMATION RECORDED BY THE UNDERSIGNED HEREIN IS ACCURATE AND TRUTHFUL.

Please read other side before signing (Over)

For USYVL Use Only

Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
*Volunteer* *Parent or Guardian signature if Volunteer is under 18 years of age*

Photo ID Verified
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**WAIVER, CONSENT AND RELEASE OF LIABILITY:** I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks,) contact with former employers and reference interviews. I hereby release and agree to hold harmless USYVL and its officers, employees and volunteers, and any person or organization that provides information for or to USYVL, concerning the use of or any attempt to verify the information provided in this application. I declare under the penalty of perjury that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with USYVL.

If accepted as a USYVL volunteer, I hereby agree to abide by the USYVL bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Site Committee and National Board of Directors, and understand that I may be removed as a USYVL volunteer at any time with or without cause. I understand the USYVL Curriculum Handbook, Referee Handbook, Player Lists and Rosters are copyrighted and/or proprietary in nature. I will not make copies nor share the information contained within the handbooks, player lists and rosters with anyone not affiliated with the USYVL program without the express written consent of the USYVL.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** For myself, and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in volleyball necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation.

I further acknowledge that the United States Youth Volleyball League (“USYVL”) is primarily administered by volunteers rather than paid professionals.

In consideration of accepting the registration and permitting my voluntary participation in its programs, for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless and indemnify USYVL, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing or authorizing the use of facilities by USYVL, from any and all claims, demands, liabilities, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to me, while participating in or being present at any USYVL-sponsored event, including any physical or other injury.

**ACKNOWLEDGMENT AND CONSENT:** I acknowledge that USYVL may compile and use names and addresses for internal and external use including, but not limited to: notifications of any USYVL activity, as well as to provide information regarding sponsors, league announcements and special events. I further acknowledge that USYVL may compile and use photographs of the above named individual for general media relations, advertising the league, and promotional purposes. I consent to such uses and hereby waive all rights to compensation.

**EMERGENCY AUTHORIZATION:** I, the aforesaid volunteer, parent or legal guardian of the volunteer listed on this form, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other USYVL officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment. I further authorize the release of the information on this form to any licensed physician, hospital, medical staff member or emergency responder involved in treatment or care. Additionally, I authorize any USYVL staff or volunteer to have access to this information for the purpose of making it available to those persons identified above.

Please print form and complete in its entirety-make a photo copy and then sign both copies. Mail both copies to 2771 Plaza Del Amo Suite 808 Torrance, CA 90503. *To protect your privacy we will black-out your SS# on the site copy prior to mailing to the Site Director.*