



To: SCVA Officials
From: Ken Taylor, SCVA Referee Chair
Mel Cayetano, Officials Assignor
Ann Davenport, Regional Commissioner

Re: 2019 - 2020 Junior Season

Thank you for your dedication and support of the SCVA Junior Volleyball Program

OFFICIAL'S CLINICS

Following are the dates for the OFFICIALS' CLINICS. The REGIONAL CLINIC is MANDATORY for all officials who plan on refereeing any/all SCVA events. Attendance to one Regional Clinic is required for re-certification.

All Referees are required to take the Mandatory SAFESPORT modules. There are 3 certificates that must be presented along with the Registration Forms. ALL of these forms and certificates must be submitted to the SCVA office 2 weeks prior to attending the clinic.

R.S.V.P. is REQUIRED for attendance of the clinic. You must email the SCVA office at mel@scvavolleyball.org ; and/or info@scvavolleyball.org

Check - In will be available 30 minutes prior to the start of the clinic. All paperwork must be filled out completely and monies turned into the office 2 weeks prior to attending the clinic.

<u>TIMES</u>	<u>DATES</u>	<u>LOCATION</u>		<u>Official Type</u>
10 AM – 1 PM	Oct 13 th -Sunday	ASC	Regional Clinic	Inter-Nat'l-Jr Nat'l, Site Director's
3:00 PM – 6:00 PM	Oct 13 th -Sunday	ASC	Regional Clinic	Returning Officials
10 AM – 1 PM	Nov 3 rd -Sunday	ASC	Regional Clinic	Returning Officials
10 AM – 1 PM	Dec 7 th -Saturday	ASC	Regional Clinic	Returning Officials
10 AM – 1 PM	Jan 12 th , 2020-Sunday	ASC	Regional Clinic	Returning Officials

NECESSARY REGISTRATION MATERIALS

Referees must mail all of the completed forms to the SCVA office 2 weeks prior to the clinic date chosen.

1) SCVA Registration form, 2) Independent Contractor's Form, 3) Officials' Availability sheet, 4) Background Screening form (Background clearance form must be submitted every year), SAFESPORT Certificates and 6) a check made payable to SCVA for \$65.00. This fee will register you for the 2018-2019 season.

Forms: http://www.scvavolleyball.org/site/cpage.asp?sec_id=180014933&cpage_id=180066437

NO ASSIGNMENTS WILL BE MADE TO ANYONE WHO HAS NOT SUBMITTED ALL PAPERWORK, MONIES TO THE SCVA AND HAVE NOT COMPLETED THE SAFESPORT MODULES . ANY REFEREE WHO HAS NOT COMPLETED THE OFFICIALS' CLINIC AND REGISTRATION PROCESS, WILL NOT BE ASSIGNED.

SCVA, 1500 S. Anaheim Blvd. Suite #280, Anaheim, CA 92805

Please contact the SCVA office: mel@scvavolleyball.org; info@scvavolleyball.org , or 714-917-3595 Ext 3514 with any questions.

Thank you.



2019-2020 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 sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed legibly, only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is not transferable from one person to another. Additional RVA requirements may apply.

MEMBERSHIP APPLICATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

CLUB NAME: _____

****Required for all Junior Club Staff: Social Security # _____ (For Adult Staff Membership Only)

GENDER: Male Female E-MAIL: _____

JUNIORS ONLY:	
GRADE (2019/2020 School Year) _____	HOME PHONE: _____
HIGH SCHOOL GRAD YEAR _____	CELL PHONE: _____

- Check if you do NOT wish to receive USAV e-newsletters
- Check if you are disabled physically (for Paralympic Talent ID)
- Check box if you do NOT wish to be on USAV master 3rd party list.
- Check if you are hearing impaired/deaf (for USA Deaflympic Talent ID)
- Check if you do NOT wish to receive Region e-newsletters
- Check if you have served in the armed forces

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
- White, not Hispanic or Latino
- American Indian or Alaskan Native, not Hispanic or Latino
- Asian, not Hispanic or Latino
- Black or African American, not Hispanic or Latino
- Hispanic or Latino
- Two or more races, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Membership Options (Annual fees per person)

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Adult Staff Membership | \$85.00 | <input type="checkbox"/> Adult Player | \$65.00 |
| <input type="checkbox"/> Senior Player Membership (Age 60+) | \$35.00 | <input type="checkbox"/> Referee Membership | \$65.00 |
| <input type="checkbox"/> Junior Membership | \$65.00 | <input type="checkbox"/> Extended Official: | \$10.00 |
| <input type="checkbox"/> Chaperone Membership | \$65.00 | <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 Develop

Participant Role(s)

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

- Player Head Coach Club Director Team Rep Chaperone Referee Other _____

ACKNOWLEDGEMENT/USE AGREEMENT

- I, a prospective or current member of USA Volleyball and/or one of its Regions, agree to abide by and be bound by the applicable Bylaws, rules, regulations, Code of Conduct, competition rules of USA Volleyball, as well as the safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport, as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for SafeSport and agree that any sanctions imposed by the Center extend to my participation in all USA Volleyball events or activities, or events and activities of other NGBs, and may be posted publicly and include information regarding the misconduct involved.
- 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, video, audio, digitally recorded and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any and all forms of media now existing or hereafter developed (the "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 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 or other USAV/RVA-sanctioned events, (3) promotion of the Sport, (4) promotion of USAV or RVA, or both, (5) the promotion of players for recruiting or scouting purposes, or (6) for educational purposes, provided that, in no event may USAV/RVA use or authorize the use of the Footage in any manner that would directly imply my endorsement of any company, product, or service, without my written permission.
- The current FIVB Sports Regulations stipulate that the Federation that is the first to issue a national license for the player is considered to be the player's Federation of Origin regardless of the player's citizenship. The current FIVB interpretation of "issue a national license" means registering with the Federation (in our case, USA Volleyball). Therefore, please be advised that if you register with USA Volleyball, and subsequently desire to represent another country in international competition, you may be subject to the FIVB regulations regarding "Change of Federation of Origin," which includes the payment of significant fees to the FIVB and review and approval of such application by the FIVB.
- I hereby certify that the information provided herein 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 incomplete or 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: _____ Parent/Guardian E-Mail: _____

Parent/Guardian's Signature: _____ Date signed: _____

SIGNATURE REQUIRED

**REQUIRED FOR PARTICIPATION: Total of 4 signature(s) for Junior participant and parent – 2nd thru 4th signatures on 2nd page
Total of 3 signature(s) for Adult participant–2nd and 3rd signature on 2nd page**

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: _____

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; www.olympic.org), World Anti-Doping Agency (WADA; www.wada-ama.org), Federation Internationale de Volleyball (FIVB; www.fivb.org), US Anti-Doping Agency (USADA; www.usada.org) or the United States Olympic Committee (USOC; www.teamusa.org). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport (www.safesport.org), as they may be amended from time to time.
3. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
4. 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.
5. Use of a recognized identification card by anyone other than the individual described on the card.
6. 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.)
7. 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.
8. Any action considered to be an offense under Federal, State or local law ordinances.
9. 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.)
10. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
11. Physical or verbal intimidation of any individual.
12. Actions that will be detrimental to USAV or the RVA.

USA VOLLEYBALL DISCIPLINARY POLICY:

Infraction	When Occurred	Suggested Maximum Penalty
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.

Sanctions are applied after affording the participant due process that may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations and matters under the jurisdiction of the U.S. Center for SafeSport, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA respectively. USADA and the U.S. Center for SafeSport retain the sole ability to determine any and all sanctions in those matters under their respective and exclusive jurisdictions..

- 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: _____

SCVA Club Participation Agreement

I agree that I will be affiliated with the above named club for the 2019/2020 sanctioned season, and that I am aware of the Junior Player Eligibility Requirements. I am aware that for a club to be eligible for regional competition the club and the individual must abide by the tryout dates and commitment dates established by the SCVA.

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

SIGNATURE REQUIRED

SIGNATURE REQUIRED



Consent and Waiver Release Form

All fields are required. Missing information will delay the processing of this form.

Applicant's Name (printed) First: _____ MI: _____ Last: _____

Mother's Maiden Name: (Puerto Rico residents only) _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Club Name: _____ Home Phone: _____

Email: _____ Work Phone: _____

SSN: _____ US Visa Number: _____ Cell Phone: _____

(Do not leave blank. If no SSN, write "no SSN")

(if applicable)

BACKGROUND SCREEN RELEASE: I hereby release and hold harmless USA Volleyball (USAV), the Regional Volleyball Associations (RVAs), their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, _____ (*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I, the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

I understand that it is the policy of this organization that any member who USAV/RVAs formally authorizes, approves, or appoints (a) to a position of authority over, or (b) to have frequent contact with athletes, where the NGB/RVA has control over the appointment process in any capacity, shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member. Examples of such positions subject to background screening include, but are not limited to, supervisory personnel, club directors, team representatives, coaches, chaperones and trainers, officials, junior tournament directors, junior tournament site directors, and on site junior tournament administrators;/managers.

Further, I understand that I have the right to review and dispute the accuracy of the background screening findings directly with the approved vendor and understand that I have the right to request a hearing to appeal a disqualification based on USAV's hearing procedures which can be found at www.teamusa.org/usa-volleyball/about-us/governance.

USAV and the RVAs retain the right to require additional background screens at any time.

Print Name: _____ Date: _____

Signature: _____

DISQUALIFIERS: I understand that disqualification from all junior events and/or activities will result (subject to the right to request a hearing) if I have been found guilty, pled guilty; or pled nolo contendere (no contest) regardless of adjudication or received court directed programs and/or other sentencing directives in lieu of a finding of guilt, for the following criminal offenses: All Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offenses in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes (not listed) against children in the past 7 years (the time frames associated with the categories of crime listed above are calculated based on the date of the offense).

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or restriction of membership. A conviction or falsification of information that results in a failed background screen forfeits all fees paid with my registration application.

By signing the Background Screen Consent form, I agree to report to the Regional Volleyball Association any convictions for offenses found in the Automatic Disqualifier list that may occur between this background screen and the next mandatory screen for USA Volleyball.

Print Name: _____ Date: _____

Signature: _____

INDEPENDENT CONTRACTOR AGREEMENT

This agreement, made this for the 2019-2020 volleyball season between, the Southern California Volleyball Association hereinafter referred to as SCVA, and the following Independent Contractor, hereinafter referred to as "Independent Contractor", collectively referred to as the "Parties."

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Status of Independent Contractor

1. This agreement does not constitute a hiring by either party. It is the parties intention that Independent Contractor shall have independent contractor status and not be an employee for any purposes, including, but not limited to, the application of the Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the State Revenue and Taxation Code relating to income tax withholding at the source of income, the Workers' Compensation Insurance Code, and other benefit payment and third party liability claims.
2. Independent Contractor shall be responsible to the management and directors of the SCVA. Independent Contractor shall supply all necessary equipment, materials, and supplies. The SCVA retains the right to inspect, stop, or alter the work of Independent Contractor.
3. Independent Contractor recognizes and understands that he/she will receive an IRS 1099 statement, and will be required to file individual tax returns and to pay taxes in accordance with all provisions of applicable Federal and State law. Independent Contractor hereby promises and agrees to indemnify the SCVA for any damages or expenses, including attorney's fees, and legal expenses, incurred by the SCVA as a result of independent contractor's failure to make such required payments.
4. On termination of the season, or whenever requested by the SCVA, Independent Contractor shall immediately deliver to the SCVA all property in its possession, or under its care and control, belonging to the SCVA.
5. Independent Contractor is encouraged to treat all SCVA employees, employees of facilities, club directors, coaches, parents, and players with respect and responsibility. Independent Contractor is required to comply with all laws, ethical codes and SCVA/USAV policies, procedures, rules or regulations, including those forbidding sexual harassment and discrimination.

Independent Contractor's Signature

Date

Independent Contractor's Name Printed

SCVA Officials Availability

2019/2020

Personal Information

First Name:

Last Name:

Address:

City:

State: Zip:

E-Mail:

Priority/Contact Information

Please rank (1, 2, 3) the BEST way to reach you!

Cell:

Home:

Work:

I am available for the following dates:

<input type="checkbox"/> 10/19	<input type="checkbox"/> 12/14	<input type="checkbox"/> 1/20	<input type="checkbox"/> 2/17 LVC	<input type="checkbox"/> 3/21	<input type="checkbox"/> 4/19	<input type="checkbox"/> 5/24
<input type="checkbox"/> 11/2	<input type="checkbox"/> 12/15	<input type="checkbox"/> 1/25	<input type="checkbox"/> 2/22	<input type="checkbox"/> 3/22	<input type="checkbox"/> 4/25	<input type="checkbox"/> 5/30
<input type="checkbox"/> 11/3	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/26	<input type="checkbox"/> 2/23	<input type="checkbox"/> 3/28 RRR#1	<input type="checkbox"/> 4/26	<input type="checkbox"/> 5/31
<input type="checkbox"/> 11/9	<input type="checkbox"/> 1/4	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/29	<input type="checkbox"/> 3/29 RRR#1	<input type="checkbox"/> 5/2	<input type="checkbox"/> 6/6
<input type="checkbox"/> 11/10	<input type="checkbox"/> 1/5	<input type="checkbox"/> 2/2	<input type="checkbox"/> 3/1	<input type="checkbox"/> 3/30 RRR #1	<input type="checkbox"/> 5/3	<input type="checkbox"/> 6/7
<input type="checkbox"/> 11/23	<input type="checkbox"/> 1/11	<input type="checkbox"/> 2/8	<input type="checkbox"/> 3/7	<input type="checkbox"/> 4/3 RRR #2	<input type="checkbox"/> 5/9	<input type="checkbox"/> 6/13
<input type="checkbox"/> 11/24	<input type="checkbox"/> 1/12	<input type="checkbox"/> 2/9	<input type="checkbox"/> 3/8	<input type="checkbox"/> 4/4 RRR #2	<input type="checkbox"/> 5/16	<input type="checkbox"/> 6/14
<input type="checkbox"/> 12/7	<input type="checkbox"/> 1/18	<input type="checkbox"/> 2/15 LVC	<input type="checkbox"/> 3/14	<input type="checkbox"/> 4/5 RRR #2	<input type="checkbox"/> 5/17	
<input type="checkbox"/> 12/8	<input type="checkbox"/> 1/19	<input type="checkbox"/> 2/16 LVC	<input type="checkbox"/> 3/15	<input type="checkbox"/> 4/18	<input type="checkbox"/> 5/23	

Official's Information: Official Type: P1 R1 R3 National
 P2 R2 Jr National International

High School Unit:

High School Rating: C1* C1 C2 C3 C4

OFFICE USE ONLY:

Paperwork/Fees

SCVA Registration Form:

Indep. Contractor's Form:

\$65 Registration Fee:

Background Screening:

SafeSport Date:

Clinic Attended:

10/13 10am - 1pm USAV Rated Referees & Site Directors

10/13 3pm - 6pm 2nd Year & All Officials

11/3 10am - 1pm 2nd Year & All Officials

12/7 10am - 1pm 2nd Year & All Officials

1/12/20 10am - 1pm 2nd Year & All Officials

NOTES: