

Texas Image Volleyball

Metro Team Packet Instructions

Each player must fill out the following forms:

1. Texas Image Biography Sheet
2. 2012 USA Youth & Junior Olympic Volleyball Player Medical Release Form
3. Texas Image Volleyball Size Sheet
4. Texas Image Volleyball Player Code of Conduct & Rules (must be signed by player and player's parent or legal guardian)
5. 2011/2012 Texas Image Volleyball Waiver and Medical Release
6. Texas Image Volleyball Metro Team Contract (must be signed by player and player's parent or legal guardian)
7. Return packet with \$250.00 down payment.

NEXT:

Each player must go online to register with USA Volleyball. To do this:

- Go to www.ntrvolleyball.org
- Click on registration tab
- If you played club before choose Existing Member, if not then choose New Member
- Fill out all information
- When you're registering you will be asked to select a club. From the drop down menu choose **Texas Image Volleyball**. You must do this so you can be placed on a roster with Texas Image and this must be completed before you can play.
- You will finish by paying a **\$45 fee** to the North Texas Region completion of your registration.

Check List:

_____ **Complete/Sign forms** and return to Texas Image Volleyball along with **\$250.00 down payment**

_____ **Register with USA Volleyball** and pay the **\$45.00 registration fee** to the region

_____ Select **Texas Image Volleyball** as your club during your registration

TEXAS IMAGE VOLLEYBALL

I agree to pay Texas Image Volleyball the amount of \$550.00 to be paid as follows: a first installment of \$250.00 at the time of signing, and 4 monthly payments of \$75.00 beginning and due January 1, 2012; February 1, 2012; March 1, 2012 and April 1, 2012. Payments will become delinquent on the 5th day of each month. If a payment becomes delinquent, the player will be suspended from all club activities until the delinquency is remedied and a late charge of \$30.00 will be added. An additional \$30.00 will be added every 30 days on past due bills.

If the player is suspended for violation of any of the above rules or agreements or quits for any reason, it is agreed that the total amount of this contract is still due.

The above amount may be adjusted upward at any time, if the number of members on the team decreases. This may be necessary in order to cover team costs.

This team will be composed of at least 10 players.

Each player will receive 1 Game T-Shirt, 1 spandex, 1 pair of kneepads, 1 t-shirt, 1 sweatshirt, and 1 decal.

This team will be registered for 5 tournaments which will include 3 one day and 2 two day tournaments in the Dallas/Ft. Worth area.

If this account is turned over to a collection agency or attorney, I agree to pay all costs incurred.

I have read and understand all rules and financial terms written above and agree to the financial terms stated herein.

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Mail checks to: Texas Image Volleyball, 2221 109th Street, Grand Prairie, TX 75050

TEXAS IMAGE VOLLEYBALL
Metro Sizing Sheet

Player Name: _____

Team Name: _____

Spandex (Circle One): XXS XS S M L XL XXL

Game Shirt (Circle One):XXS XS S M L XL XXL

Practice Tee (Circle One):XXS XS S M L XL XXL

Sweatshirt (Grey ONLY): S M L XL

Knee Pads

Window Decal

Sized By: _____ Date: _____

**All other equipment/uniform items are available for purchase by all teams.*

TEXAS IMAGE VOLLEYBALL

Biography Sheet

2012

Player Name: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell (Mom): _____

Cell (Dad): _____

E-Mail (Mom): _____

E-Mail (Dad): _____

Player's Age: _____ Player's D.O.B. _____

School: _____

Height: _____

Primary Position: _____ Secondary Position: _____

RIGHT or LEFT Handed? (Circle One)

Have you signed to a College? YES NO

Previous Club(s): _____

College Preference: _____



TEXAS IMAGE VOLLEYBALL



Waiver and Medical Release Form

I, (parent or legal guardian) _____ agree that

(individual) _____ may participate in the 2011/2012 Tryouts, Summer Camps, Clinics, Tournaments, Leagues and/or Other Events. In consideration of participation in any of these events, I agree, on behalf of the above named individual, his/her heirs, and representatives to fully and forever release, discharge, indemnify and hold harmless Winning Edge LP, Texas Image LP, and TIV LLC, it agents, servants and employees from any and all claims, demands, damages, rights of action or causes, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in these events. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED INDIVIDUAL WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED INDIVIDUAL.

(State Medical Needs) _____

Also, I understand that all rules and regulations for the Leagues, Camps, Clinics, and/or Other Events will be enforced and any violation by the above individual will result in a call, to the parent or legal guardian, with a possible request to come and pick up the above individual (older players, who drive, may be asked to leave) with no refunds being given.

Signature of Parent or Legal Guardian

Date



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. By signing this form the participant affirms having read it.

Club: _____ Team Name: _____

Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
City, State & Zip _____
Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian 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 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