

TEXAS IMAGE VOLLEYBALL

Satellite/Local Team Packet Instructions

Each player must fill out the following forms:

1. Texas Image Biography Sheet
2. 2019 USAV 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. 2018-2019 Texas Image Volleyball Waiver and Medical Release
6. Texas Image Volleyball Local/Satellite Team Contract (must be signed by player and player's parent or legal guardian)
7. Return packet with \$400.00 down payment and CC Authorization Form

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 chose "**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 Metro**. 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. Please print a copy and return with your packet.

Check List:

_____ **Complete/Sign forms** and return to Texas Image Volleyball along with \$400.00 down payment

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

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



Texas Image Volleyball

Try Out Sheet

2019

Player Name _____

Parents Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell (Mom) _____

Cell (Dad) _____

Cell Player (15, 16 & 17's only) _____

E-Mail (Mom) _____

E-Mail (Dad) _____

E-Mail (Player) 15, 16 & 17's only _____

Player's age _____ Birthday _____

Height _____

Primary Position: _____ Secondary Position: _____

School _____ Graduation Year _____

RIGHT or LEFT Handed? (Circle one)

Have you signed to a college? Yes NO

Previous Club(s): _____

College Preferences _____



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. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

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:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: Yes No
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list 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 understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. 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

Texas Image Size sheet

Metro Only

Sizer_____

Player_____

Team_____

Jersey Number (Pick Two 1-20) No# 1 _____ No#2_____

Sizing

Received_____

Jersey Size_____

To be given at sizing

Received

1 Practice T-Shirts Size_____

1 Spandex Size_____

1 Black Knee Pads Size_____

1 Gray Sweat Shirt Size_____

Black Hoodie (Upgrade) Size_____ \$10.00 + Tax

1 Window Sticker_____

Additional Window Sticker _____ \$10.00 + Tax

Notes:

**TEXAS IMAGE VOLLEYBALL
PLAYER CODE OF CONDUCT & RULES**

FOR _____
(PLAYER NAME)

This agreement is between Texas Image Volleyball ("TIV) and the above named player and player's parents or legal guardians. TIV would not allow player to participate in any activities without this agreement.

The Following team player rules must be followed at all times:

1. The player will follow and abide by all USAV rules for practice, tournaments sites or any other location of which player is representing or participating in TIV activities of any kind (player, parent and legal guardians acknowledge receipt of the applicable USAV rules).
2. The player will attend every scheduled practice unless:
 - a) Player is injured or sick to such a degree that player cannot, under the direction of a licensed physician, participate (player, parent, and/or legal guardian shall provide evidence of injury or sickness upon request of TIV).
 - b) Other conflicts or family emergencies, which must be approved by the player's coach in the coach's sole discretion.
3. The player, parents and legal guardians and all persons under their control, including but not limited to relatives, friends and persons associated with them will treat all teammates, coaches, referees and other officials, spectators and other persons in authority with courtesy and respect at all times.
4. The player will keep all uniforms and equipment available when needed, replace when lost (at the players expense), and return to TIV if requested.
(player, parent and legal guardians acknowledge receipt of the applicable USAV rules).
5. The player will follow all curfew rules when attending an out of town tournament, and understand that a violation of these curfew rules will suspend the player from participation in that tournament. Also, the player must go before her coach and club director before the player is reinstated.
6. The player will not use alcohol, drugs or any other controlled substance.
7. The player will not smoke or use any form of tobacco products.

These rules may be adjusted from time to time in the sole discretion of TIV. Any violation of these rules will be subject to appropriate discipline of the player or other action of which the player, parents and legal guardians agree is in the sole discretion of TIV. I have read and understand all the rules written above and agree to accept them.

SIGNATURE _____ DATE _____
PLAYER

SIGNATURE _____ DATE _____
PLAYERS/LEGAL GUARDIAN

SIGNATURE _____ DATE _____
PLAYERS/LEGAL GUARDIAN



TEXAS IMAGE VOLLEYBALL

Waiver and Medical Release Form

I, (parent or legal guardian) _____ agree that

(individual) _____ may participate in the 2018/2019 Tryouts, Club, 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

TEXAS IMAGE VOLLEYBALL

I agree to pay Texas Image Volleyball the amount of \$990.00 to be paid as follows: a first installment of \$400.00 at the time of signing and 4 monthly payments of \$147.50 beginning and due January 1, 2019, February 1, 2019, March 1, 2019 and April 1, 2019. 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 to the account. 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 of the team decreases. This may be necessary in order to cover team costs.

This team will consist of at least 10 players.

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

This team will be registered for 8 tournament days which will be held 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.

Players Name (Print): _____

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Mail checks to: Texas Image Volleyball, 2225 109th Street, Grand Prairie, TX 75050

TEXAS IMAGE VOLLEYBALL

CREDIT CARD AGREEMENT

LOCAL

I agree to have **Texas Image Volleyball** run the credit card listed below for 4 installments of _____ per month for Club Fees on January 1st 2019, February 1st 2019, March 1st 2019 & April 1st 2019.

Players Name: _____

Credit card Information:

MasterCard:

Visa:

Credit Card Number: _____

Credit Card Expiration Date: _____

SVC Number: _____

Name on Credit Card: _____

Zip Code of CC: _____

Phone # of Credit Card Holder: _____

Cardholder Signature: _____