



2015-2016 Tryout Packet

Please print out and mail the pages below to

945 Sea Gull Drive, Mt Pleasant, SC 29464

before tryouts

Send an e-mail to billhoward05@gmail.com to let us know you are planning to attend.

Tryout Checklist – Players must turn in all of the following in order to tryout:

- ___ Signed 2015-2016 Tryout Information Form
- ___ Signed 2015-2016 Player-Parent Contract
- ___ Signed 2015-2016 Tournament Schedule Form
- ___ Signed/Notarized 2015-2016 USAV Medical Release Form
- ___ Signed JVA Medical and Liability Forms
- ___ Copy of player's birth certificate
- ___ Register/renew with USA Volleyball
- ___ <https://webpoint.usavolleyball.org/wp15/IntraLock/Login.wp>
- ___ \$30 tryout fee, payable to MOUNT PLEASANT VOLLEYBALL





2015-2016 Player-Parent Contract

This contractual agreement (the “Contract”) is made and entered into, by, and between **Mount Pleasant Volleyball (MVP)**, doing business in and around Charleston County, South Carolina, and the below Named Parent and Player as participants in the **Mount Pleasant Volleyball (MVP)** program.

MVP Policies for Players

1. Playing for an **MVP** team is a commitment to the club for the 2015-2016 Junior Olympic Volleyball Season which concludes at the end of USAV Nationals July 2016.
2. **MVP** players work hard at all practices and tournaments, taking the opportunity to learn from coaches by having an open mind, listening, and being disciplined and coachable. **MVP** players arrive at practices early enough to be dressed and ready to play at the start of their respective court time.
3. Volleyball is a physically demanding sport. **MVP** players take care of themselves through proper nutrition and rest, and report all injuries or illnesses to their coach. **MVP** has a zero tolerance policy for drugs, alcohol, and tobacco and involvement in any of these activities is grounds for immediate dismissal.
4. Volleyball is above all, a team sport. **MVP** players support their teammates and other members of the club. **MVP** players are willing to play any position needed by the team. **MVP** players that have concerns over team dynamics on the court discuss these with their coach.
5. **MVP** players follow curfews set by their coaches during any tournaments requiring overnight travel.
6. As representatives of **MVP** and the community, **MVP** players show respect towards each-other, their coaches, and tournament officials, as well as towards the players, coaches and parents of other clubs at all times. They also obey all of the rules and policies of all practice and tournament facilities.
7. **MVP** players notify their coach if they are going to be absent or late for a practice and understand that a consequence of missing a practice or tournament may be reduced playing time at the next tournament.
8. **MVP** does not guarantee equal playing time to each player at tournaments. Playing time at tournaments depends upon a variety of factors including skill level, position, effort at practice, and opponent. **MVP** players that have a concern about playing time or position discuss with their coach what they can specifically work on in order to earn increased court time.
9. **MVP** players are student-athletes. They understand that playing club volleyball is a substantial time commitment. School work is their number one priority, followed second by **MVP**. Practice and tournament schedules are provided well in advance. With appropriate time management, these two priorities should not conflict.



MVP Policies for Parents

1. Parents/guardians are responsible for getting their player to and from practices and tournaments on time.
2. **MVP** requires that all players stay with parents/guardian or another team parent/guardian during overnight travel. If a parent/guardian cannot attend an overnight tournament, it is that family's responsibility to arrange housing for the player.
3. **MVP** parents are supportive and encouraging of their player and the rest of the team at all times. As representatives of **MVP** and the community, they show respect towards each other, the coaches, and tournament officials, as well as towards the players, coaches and parents of other clubs. They also obey all of the rules and policies of practice and tournament facilities.
4. **MVP** parents appreciate that only the Head Coach or team captain may question an official.
5. At tournaments, **MVP** parents help their player stay focused on the team and on the task at hand by entrusting the coaching to the coaches. Parents will not approach coaches to discuss playing time, line-ups, or other coaching decisions during competition days. Concerns about playing time, position, or team dynamics should be discussed between players and their coach.
6. **MVP** parents understand that if they do not agree with the coaching methods, style, or decisions at **MVP**, that they may withdraw their player at any time, but will not receive a refund and will be responsible for paying the full dues amount for the season.

Financial Obligations

1. Parents/guardians of **MVP** players are committing their financial support for the entire club season and are responsible for all program fees even if the player misses a practice or tournament, or chooses to leave the program before the end of the season. Fees cover the following items for teams through April 16, 2016 (12U) or May 1, 2016 (13U and older): coaching, court fees, team equipment, tournament entry fees, and uniform jerseys. Fees do not cover travel, lodging, or food for players or their families. Fees also do not cover optional team gear such as bags or warm-ups. Program fees may be paid in installments according to the following table of due dates. Accounts greater than 15 days past due are subject to a \$50 late fee, and the player will not be allowed to participate in any practices or tournaments until fees are paid.

	12U	13U-18U
First Practice	\$650	\$900
Jan 10th, 2016	\$400	\$550
Mar 6th, 2016	\$250	\$350
Total	\$1300	\$1850

2. If an **MVP** team qualifies for, and chooses to attend post season tournaments including AAU or USAV Junior Nationals, the club will calculate the additional payment required from each family



to cover the cost of tournament entry as well as coaching and practice space through the end of June.

3. **MVP** players are provided uniform jerseys which are to be returned to the club at the end of the season. A fee of \$50 will be charged to the player's family for a jersey that is lost, damaged, or not returned.
4. Each **MVP** team is responsible for the volleyballs that it brings to a tournament. A replacement fee of \$40 will be shared equally among the members of a team for each ball that is not returned to the club.
5. If a check is returned for insufficient funds, a \$25 fee will be charged to the players account, and all future payments must be made by cashier's check or money order.
6. Refunds: Fees paid to **MVP** are non-refundable after a player has accepted a position on an **MVP** team. The reason that fees cannot be refunded is that once a player commits to the program, **MVP** spends the majority of the team budget in the first few weeks to cover gym expenses, league Fees, equipment purchases, tournament entries, uniforms, etc- all expenses that are non refundable to **MVP**.
7. Refund exceptions may be made due to a season ending injury as a direct result of participating in a sanctioned Club event, serious illness, or relocation out of the area. In this instance, pro-rata refunds MAY be granted with a written request, to the Director, accompanied by a physician's report, where applicable. In the case of injury or illness, The Club must receive a signed statement from a physician that states the player cannot participate in volleyball and the duration that they are unable to participate.
8. Approved pro-rata refunds will be granted according to the above payment schedule. For example, a player sustaining a season-ending injury before Jan 10 will not be required to make the final two payments. If they have already paid in full, that amount will be refunded. If they were injured after Jan 10, but before March 6, they would not be responsible for the final payment.

We certify that **ALL** parties have read **ALL** sections of the above agreement. Upon accepting a spot on an **MVP** team and committing to **MVP** for the 2015-2016 volleyball season, we agree to abide by the rules, guidelines, and commitments set forth in this document.

Player Name
(Print) _____

Parent/Guardian Name
(Print) _____

Player Signature _____

Parent/Guardian
Signature _____

Date _____

Date _____

13s-18s Tournament Schedule 2015-2016

DATE	TOURNAMENT	TEAMS	COMMITTED (circle one)
Sat-Sun Jan 2-3	SAVL Icebreaker	All Teams	COMMIT / CONFLICT
Sat Jan 9	OFF		
Sat-Mon Jan 16-18	Monument City Classic (Richmond, VA)	All Teams	COMMIT / CONFLICT
Saturday Jan 23	OFF		
Sat-Sun Jan 30-31	SAVL Alliance Classic	All Teams	COMMIT / CONFLICT
Saturday Feb 6	OFF		
Sat-Mon Feb 13-15	OVA President's Day Super Showcase (Orlando, FL)	Black Teams	COMMIT / CONFLICT
Sat-Sun Feb 20 -21	Beast of the Southeast (Atlanta, GA)	Gold Teams	COMMIT / CONFLICT
Sat-Sun Feb 27-28	SAVL Spring Madness	All Teams	COMMIT / CONFLICT
Sat-Sun Mar 5-6	OFF		
Sat-Sun Mar 12-13	MAPL (Raleigh, NC)	MAPL invitations are confirmed in December	COMMIT / CONFLICT
Sat-Sun Mar 19-20	Dixie Classic (Spartanburg or Myrtle Beach)	Teams not attending MAPL	COMMIT / CONFLICT
Fri-Sun Mar 25-27	Big South (Atlanta, GA)	All Teams	COMMIT / CONFLICT
Saturday Apr 2	OFF		
Sat-Sun Apr 9-10	Southern Power League (Atlanta, GA)	All Teams	COMMIT / CONFLICT
Saturday Apr 16	OFF		
Saturday Apr 23	OFF		
Sat-Sun April 30–May1	SAVL Power Championships (Myrtle Beach, SC)	All Teams	COMMIT / CONFLICT
////////////////////	End of Regular Season	//////////////////////////////////// ////////	n/a
June 4-5	Coastal Classic – AAU Qualifier (Myrtle Beach, SC)	Optional – TBD by the team in March	n/a
June 16-27	AAU National Championship (Orlando, FL)	Optional – TBD by the team in March	n/a
June 24-July 3	USAV National Championship (Indianapolis, IN)	Must earn an invitation at Big South	n/a

SAVL Tournaments will be hosted by SAVL, mostly in Columbia, Myrtle Beach, Savannah, Greenville, Spartanburg, and Hendersonville. See www.savl.org for more information.

Please circle “COMMIT” or “CONFLICT” in the column on the right for each tournament weekend to let us know that you are committed to attend that weekend. Please consider all possible conflicts including, but not limited to Spring Break (3/26), SAT Tests, school trips, other sports, band, chorus, orchestra, drama, confirmation.

Parent Signature _____

Player Signature _____



JVA
PARTICIPANT RELEASE OF LIABILITY
2015-2016
READ BEFORE SIGNING

Organization/Club/Team Name _____

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, BUT NOT GROSS NEGLIGENCE OF THE RELEASEES; or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary 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 and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE (JVA) Junior Volleyball Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X

Parent/Guardian Signature

Date

Emergency Phone Number(s) _____



JVA Medical Release and Waiver Form 2015-2016

Permission to Treat & Emergency Information Form must either be carried to JVA authorized Event, Competition and Practices or on file at AllPlayers.com. The form 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 AND GUARDIAN AFFIRMS HAVING READ IT.

Organization/Club/Team _____

Participant Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ St. _____ Zip: _____

Participant as named above has my permission to participate in training, competition, events, activities and travel sponsored by JVA member club. I approve 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 below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: _____

Relationship: _____ Date: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE JVA, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "JVA.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD'S PARTICIPATION IN ANY JVA INSURED CLUB, PROGRAM OR TOURNAMENT. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.

Further, I give permission to JVA insured member club to treat participant or arrange for medical care or treatment for child in any situation deemed reasonably necessary by JVA insured member club. If circumstances permit, JVA member club shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact:

Name/Relationship _____ Phone _____

Secondary Emergency Contact:

Name/Relationship _____ Phone _____

In the event neither emergency contact can be reached; or if the urgency of the situation requires immediate attention without prior telephone contact, JVA insured member club may arrange for medical treatment for the participant at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____

Policy Number: _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____

In order to seek appropriate medical care or treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter "none")

Heart disease or other: _____ (please specify, enter "none")

Any other conditions, symptoms or disability, which would or might affect medical care or treatment or participation in the JVA program:

Signature of Custodial parent or court apt. Guardian _____ Date _____

Best Email Contact _____

IF REQUIRED BY THE PARTICIPATION STATE (FLORIDA):

STATE OF _____ COUNTY OF _____ SWORN
TO BEFORE ME, a Notary Public, by said _____ personally
known to me this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires _____



**2015-2016 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

STATE OF _____) COUNTY OF _____)
 SWORN TO BEFORE ME, a Notary Public, by said _____ personally known
 to me this _____ day of _____, 20____
 My Commission Expires _____
 Notary Public