

# 32nd AAU JUNIOR NATIONAL GIRLS' VOLLEYBALL CHAMPIONSHIPS

The **32nd AAU Junior National Girls' Volleyball Championships** will be conducted at *Disney's Wide World of Sports®* Complex and the Orange County Convention Center in Orlando, Florida on **June 13-18, 2005**. **We are excited to conduct this event in these two excellent facilities.** Please carefully read the following information regarding the National Championships. If you have any questions, please contact the AAU National Headquarters at 407-934-7200 or [volleyball@aausports.org](mailto:volleyball@aausports.org). Check the web page at [www.aausports.org](http://www.aausports.org) for updated information.

## EVENT DATES

### Ages 10:U/12:U / 13:U / 14:U

Registration & Coaches' Meeting – Monday, June 13  
Competition – Tuesday, June 14 to Friday, June 17

### Ages 15:U / 16:U / 17:U / 18:U

Registration & Coaches' Meeting – Tuesday, June 14  
Competition – Wednesday, June 15 to Saturday, June 18

*The Opening Ceremony for all age divisions will be held on Tuesday, June 14.*

## REGISTRATION INFORMATION AND DEADLINES

Each team entering **MUST** submit a separate entry form. All teams must submit the following forms by the entry deadlines.

### The following forms and fee must be RECEIVED by May 6, 2005:

- ☐ Entry Form.
- ☐ Team Roster Form (*changes to the roster can be made after the deadline by using the Roster Change Form*).
- ☐ Entry fee of \$595.
- ☐ Team Photo (*photos received after the entry deadline will not appear in the Championships program*).
- ☐ Chaperone Responsibility Form.

### The following forms must be RECEIVED by May 20, 2005:

- ☐ Athlete Waiver Form.
- ☐ Seeding Information Form.
- ☐ T-Shirt Order Form.
- ☐ Scorekeepers Clinic Registration Form. (*OPTIONAL*)

### RETURN FORMS TO:

#### *If sending via U.S. Mail:*

AAU National Headquarters  
Volleyball Championships  
P.O. Box 22409  
Lake Buena Vista, FL 32830

#### *If sending overnight (Fed Ex, Airborne, UPS):*

AAU National Headquarters  
Volleyball Championships  
1910 Hotel Plaza Boulevard  
Lake Buena Vista, FL 32830  
407-934-7200

### **Stay in Orlando for the AAU Junior Florida Beach Volleyball Open**

Sunday, June 19 at *Disney's Grand Floridian* Resort and Spa

Visit [www.aubeach.org](http://www.aubeach.org) for information.



# INTENT TO PARTICIPATE

PLEASE FAX BACK UPON RECEIPT.

THIS IS NOT YOUR TEAM ENTRY. THIS IS ONLY A NOTIFICATION OF YOUR INTENT TO PARTICIPATE. YOUR ENTRY WILL NOT BE GUARANTEED UNTIL ENTRY FORMS AND FEES ARE SUBMITTED. ENTRIES ARE ACCEPTED ON A FIRST-COME BASIS AND MUST BE RECEIVED BY THE ENTRY DEADLINE.

PLEASE CHECK: ☐ Our team will participate in this event.  
☐ I would like AAU or Disney (or their designee) to call, email or fax me about Travel Accommodations.\*

Age Group:\_\_\_\_\_ Team Name:\_\_\_\_\_

Club Director or Coach Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Fax:\_\_\_\_\_ Email:\_\_\_\_\_

\*If the contact person filling out this form is not the individual handling the travel accommodations, please have the appropriate person complete the bottom of this form in order to be contacted by the AAU or Disney (or their designee). If the bottom of this form is not completed the AAU or Disney (or their designee) will not be able to contact the Travel Planner.

## TRAVEL PLANNER PERMISSION TO CONTACT

PLEASE CHECK: ☐ I would like AAU or Disney (or their designee) to call, email or fax me about Travel Accommodations.

Team Travel Planner:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Fax:\_\_\_\_\_ Email:\_\_\_\_\_

RETURN THIS FORM TO: AAU Volleyball  
P.O. Box 22409  
Lake Buena Vista, FL 32830  
(407) 934-7200  
(407) 934-7242 (FAX)

DATE RECEIVED: \_\_\_\_\_

# 32nd AAU JUNIOR NATIONAL GIRLS' VOLLEYBALL CHAMPIONSHIPS

## Entry Information & Criteria

### TEAM ELIGIBILITY

This is an **OPEN** Girls' National Championship. Any team is eligible to enter. All athletes, coaches and clubs must be current members of the AAU. AAU membership is \$12 per athlete, \$14 per non-athlete (coach, chaperone, etc.) and a minimum of \$30 per club. AAU club membership is available in 3 levels ranging from \$30, \$60 and \$300. Please visit the web site for descriptions of each category. There can be multiple teams under one club membership. Register on-line at [www.aausports.org](http://www.aausports.org) or contact your local AAU District at 1-800-AAU-4USA for additional membership information.

### AGE DIVISIONS

The National Championships offer divisions in the following age groups. If a minimum number of teams are not entered, the division will be combined with the next age group. All athletes must be born within the following age determination dates. **No age waivers will be accepted.** It is the responsibility of the coach to enter the team in the correct age category.

- 10 and Under\* - Must be born on or after September 1, 1994
- 12 and Under - Must be born on or after September 1, 1992
- 13 and Under - Must be born on or after September 1, 1991
- 14 and Under - Must be born on or after September 1, 1990
- 15 and Under - Must be born on or after September 1, 1989
- 16 and Under - Must be born on or after September 1, 1988
- 17 and Under - Must be born on or after September 1, 1987
- 18 and Under - Must be born on or after September 1, 1986 or players who were born on or after September 1, 1985 and are a high school student during some part of the current academic year.

*\* 10 & Under teams will be combined with the 12 & Under division. Depending on the number of entries, a separate championship may be held.*

### ENTRY DEADLINE

Completed entry forms and the entry fee **MUST be RECEIVED by FRIDAY, MAY 6, 2005.** All teams will be accepted into the Championships on a **first-come, first-served** basis according to the date of receipt. Applications received after the deadline will be filed by the date received. If space is available, these teams will be included in the Championships *only if* all forms are completed and the correct entry fee is included. Seeding Information and Athlete Waivers must be received no later than Friday, May 20, 2005.

### ENTRY FEE

An entry fee of **\$595 per team** is required to participate in the Championships. Please make cashiers check, money order or club check made payable to the AAU. **No personal checks will be accepted.** Credit cards (Visa, MasterCard, and American Express) are also accepted.

### LATE REGISTRATIONS

Late entries will only be considered on a space available basis. Any entries received after the deadline must include the **late entry fee of \$650.** An entry is considered late if the entry fee, entry form and team roster are not received by the May 6 entry deadline.

### ACCEPTANCE INTO THE CHAMPIONSHIPS

Teams are not officially in the Championships until they comply with **ALL** entry requirements and receive written notification their entry has been received. All teams should be notified of their status within five working days after the entry information is received by the AAU National Headquarters, but no later than Friday, May 13, 2005. Late entries are only accepted if space is available.

### TEAM CANCELLATION

- Withdrawals made prior to the deadline of **Friday, May 6, 2005** will receive a 50 percent refund of the entry fee.
- Any team withdrawing after **Friday, May 6, 2005** will forfeit its entire entry fee.
- Withdrawals must be made in writing.
- Any team not attending and failing to withdraw with tournament officials prior to the Championships, may be subject to penalties for future participation in AAU competition.

## SEEDING INFORMATION

The written information you provide about your team, as well as your competitive opponents, will allow the Championships Committee to make a more accurate seeding structure. Failure to provide complete, accurate and thorough information will jeopardize your team's chance of being seeded correctly. Please complete the enclosed Seeding Information Form and submit by the entry deadline.

## TEAM PHOTOS

Please send a 5x7 team photo with your entry form to the AAU National Headquarters. **Do not staple, write on, "cut and paste" photos together or submit photocopies or color printouts. Electronic photos must be submitted at 300 dpi. Photos can be mailed on a disk/CD or sent to [volleyball@aausports.org](mailto:volleyball@aausports.org). THE TEAM PHOTO MUST BE RECEIVED BY May 6 TO APPEAR IN THE TOURNAMENT PROGRAM. SENDING TEAM PHOTO IS OPTIONAL.**

# Event Information and Rules

## CHAMPIONSHIPS VENUES

Competition will take place at the Milk House at *Disney's Wide World of Sports®* Complex and the Orange County Convention Center. Between the 2 facilities, over 40 courts will be used. Parking is complimentary at *Disney's Wide World of Sports®* Complex, but parking fees will be charged at the Orange County Convention Center. If needed, additional facilities in the area will also be used.

## COMPETITION FORMAT

The Championships will be conducted in a format that will determine National Champions in each age division, as well as providing the maximum amount of playing time at quality facilities for each team. Pool play preliminary rounds will determine placement and seeding of each team in the bracket rounds. All teams will have four days of competition.

<b>Ages 10:U/12:U/13:U/14:U</b>	Tuesday, June 14 to Thursday, June 16 Friday, June 17	Pool Play Bracket Play and Finals
<b>Ages 15:U/16:U/17:U/18:U</b>	Wednesday, June 15 to Friday, June 17 Saturday, June 18	Pool Play Bracket Play and Finals

## TEAM CHECK-IN

Coaches must check-in their teams at *Disney's Wide World of Sports®* Complex. Coaches will receive general information, team credentials, and the complete schedule at check-in. Athletes are not required to attend check-in. Additional information on Team Check-In will be distributed once your entry is received. **All 10:U, 12:U, 13:U, and 14:U teams MUST check-in on Monday, June 13. Other age groups can check-in either Monday, June 13 or Tuesday, June 14.** A Club Check-In will take place on Monday, June 13 from 8:00 am to 10:00 am for only those clubs with five (5) or more teams checking in at the same time. General Check-In will begin at 10:00 am. Please refer to the times below.

### **Monday, June 13**

Club Check-In: 8:00 a.m. to 10:00 a.m. (clubs with 5 or more teams only)  
General Check-In: 10:00 a.m. to 12:00 p.m.; 3:00 p.m. to 5:00 p.m.

### **Tuesday, June 14**

General Check-In: 8:00 a.m. to 10:00 a.m. or 3:00 p.m. to 5:00 p.m.

## PRACTICE TIMES

Limited practice times will be available during the day before competition begins for that age group. Requests for practice time should be made in writing after entering the Championships to [volleyball@aausports.org](mailto:volleyball@aausports.org) or 407-934-7242 (Fax). Practice space will be assigned on a first-come, first-served basis. Teams must supply their own balls for practice.

## OPENING CEREMONY

The Opening Ceremony will take place outdoors at Cracker Jack Stadium, home for Atlanta Braves Spring Training, located at *Disney's Wide World of Sports®* Complex. The Ceremony will be held on Tuesday, June 14 at 7:00 p.m. All teams must check-in and assemble for team introductions no later than 6:15 p.m. Please plan to arrive early! Teams are encouraged to bring team or club banners. Players' and coaches' conduct should be above reproach, on and off of the court.

## COACHES' MEETING

A **mandatory** coaches' meeting will take at *Disney's Wide World of Sports®* Complex. A team representative must be present. Championship rules, schedule updates, and other important information will be discussed. **All coaches will be responsible for knowing and understanding the information discussed in the meeting.** The Coaches' Meeting for ages 10:U through 14:U will take place on Monday, June 13 at 7:00 p.m. The Coaches' Meeting for ages 15:U through 18:U will take place on Tuesday, June 14 immediately following the Opening Ceremony.

## CHAPERONES

An adult chaperone is requested to be present and responsible for every seven (7) athletes. A coach may not be a chaperone for the team. A maximum of two (2) chaperones will be provided an event credential allowing access into the venues. Chaperones will not be permitted to sit on the team bench during competition or be allowed on the main floor. Chaperones shall be non-athlete members of the AAU, which is \$14. A chaperone meeting will take place at *Disney's Wide World of Sports®* Complex on Monday, June 13 from 6:00 p.m. - 6:30 p.m. for ages 10:U to 14:U and on Tuesday, June 14 from 5:30 p.m. - 6:00 p.m. for ages 15:U to 18:U. Responsibilities of chaperones will be reviewed.

## AAU MEMBERSHIP REGISTRATION

- All athlete and non-athletes (staff personnel, coaches, chaperones, etc.) must be current AAU members. Regular youth athlete membership is \$12 and non-athlete membership is \$14. All teams must also be part of a registered AAU Club. Club membership is \$30. Please note that multiple teams can be part of the same an AAU Club.
- To become an AAU member, contact your local AAU District or register on-line at [www.aausports.org](http://www.aausports.org).
- All players must live within the AAU District of their team or within one boundary of the District, and comply with the guidelines set forth in the AAU Code Book.
- Teams submitting false AAU registration information will forfeit the registration and entry fees and will be dropped from the Championships. Future penalties could also be implemented.
- Coaches and athletes must present their membership cards at Team Check-In. Those athletes, coaches or clubs who do not have valid AAU memberships will be required to purchase at Team Check-In.

## TEAM ROSTERS

Team rosters may include up to fourteen (14) players and four (4) adult staff personnel. Staff personnel can consist of the following: head coach, assistant coach and team trainer. All staff personnel will need to be AAU members in the non-athlete category. Only those individuals listed on the official roster will be permitted to sit on the bench. Team rosters (including uniform numbers) must be submitted by May 6. Changes will be allowed after the deadline by submitting the Roster Change Form. New players must have proof of AAU membership along with the Athlete Waiver Form.

## COLLEGE RECRUITERS

Many college coaches will be in attendance. Team rosters with athlete addresses will be made available to college coaches. It is very important for all teams to comply with the entry deadline for submitting rosters. At Team Check-In, coaches or club directors can also submit additional information or player profiles to be made available to college coaches. Teams submitting incomplete roster information will be delayed at Team Check-In and requested to fully complete the roster before being able to check-in. **If you have unsigned seniors on your team, please email names to [volleyball@aausports.org](mailto:volleyball@aausports.org) by May 20.**

## RULES OF THE CHAMPIONSHIPS

The Championships will be conducted under the AAU code and the current playing rules of USA Volleyball, as modified by the AAU National Volleyball Committee.

- No age waivers will be allowed. It is the responsibility of the coach to enter the team in the correct age category. Failure to do so could result in disqualification from the event.
- The 10 & Under and 12 & Under division will be playing with the Tachikara SVMNC "Volley-Lite" red, white and blue ball. All other ages will use the official AAU Tachikara red, white and blue ball (SV5W Gold).
- Coaches and athletes are responsible for proper warm-ups prior to competition.

- Rally scoring will be used. Each non-deciding game will be won by the team that first scores 25 points with a minimum two-point advantage (no scoring cap). If there is a deciding game, it will be won by the team that first scores 15 points with a minimum two-point advantage (no scoring cap).
- **Libero, 12 substitutions and the net serve will be allowed. For an explanation of the Libero player, please refer to the USA Volleyball Rulebook at [www.usavolleyball.org](http://www.usavolleyball.org). Libero players must be identified prior to each match.**
- Identical uniforms are required, with the exception of the Libero. For all uniforms, the numbers must be a different and contrasting color to the jerseys with a minimum height of 4" on the front and 6" on the back. The stripe forming the numbers shall have a minimum width of ¾". Numbers must be between 1 and 99. USA Volleyball uniform requirements must be followed.
- Net Height: Ages 13-18 net height is 7'4<sup>1/8</sup>", Age 12 net height 7'0"
- Protest and tie-breaking procedures of USA Volleyball will govern.
- Moderate, non-disruptive coaching and team direction from the bench is allowed.
- Additional information may be made available or revised at the Coaches' Meeting.

## BIRTH RECORDS AND PROOF OF AGE

Photocopies of birth certificates, adoption papers or immigration papers of each player on the roster *MUST* be held by the team's Head Coach and *MUST* be available upon request. Failure to provide this information may cause the team to forfeit the entry fee and any Championships play.

## TEAM OFFICIATING DUTIES AND SCOREKEEPERS CLINIC

Teams will be given working assignments within their pools. Each team *MUST* provide qualified persons as follows: one (1) scorekeeper, one (1) scoreboard operator, two (2) line judges and one (1) Libero tracker. A coach must be present at the score table when your team is scheduled to work. Failure to provide the officiating crew for your assigned match could result in the forfeit of the first game of your next match. For every minute the officiating team is late, one point will be given to the opponent in the next match, up to the 25-0 forfeit. It is the responsibility of the Head Coach to verify officiating duties at the Championships Desk. Referees, 1st and 2nd, will be provided. A **SCOREKEEPERS CLINIC** will be held on Monday, June 13 for coaches and athletes needing instruction on the scorekeeping responsibilities. To sign-up, please contact the AAU at [volleyball@aausports.org](mailto:volleyball@aausports.org) or 407-934-7200 by May 6. Depending on the number of registrants, a second clinic may be offered on June 14.

## AWARDS

Each of the participants of the top four (4) teams per age group in the Championship bracket will be awarded AAU National Championship medals and team trophy. The first (1<sup>st</sup>) place team of other brackets will receive a team award. The number of teams competing in each age division will determine the total number of All-American designations. A Most Valuable All-American will be designated for each age division.

## PLAYER GIFT EXCHANGE

Exchanging gifts prior to matches is not required, however many teams will have gifts available. This is up to your club whether to exchange or offer gifts to your opponents.

## SPECTATOR TICKETS

Daily tickets will be available for \$10.75 for adults and \$8.00 for children (ages 3-9). A pass valid for the length of the Championships may be purchased for \$35.00 for adults and \$25.00 for children (ages 3-9). This pass entitles you to admission to all playing venues and the Opening Ceremony. You may purchase these passes upon arrival at *Disney's Wide World of Sports*® Box Office.

## HOTEL AND THEME PARK INFORMATION

Stay where the magic never ends and every dream is just a wish away at the WALT DISNEY WORLD® Resort. See your AAU Travel Planner for details on staying at *Disney's All Star Sports* Resort or at an Official WALT DISNEY WORLD® Hotel, WALT DISNEY WORLD GOOD NEIGHBOR® Hotel or an AAU Approved Vacation Home. Choose from the many options available! By staying at one of the accommodations listed on the Travel Planner, you will receive the **AAU VIP Card** for 2005. **The AAU VIP Card** has tons of savings throughout the Orlando area on food, shopping, and much more.

Specially priced WALT DISNEY WORLD® Theme Parks tickets are also available. Email [sukie@aausports.org](mailto:sukie@aausports.org) for an order form or call toll free 866-537-7648. Buy ten like theme park tickets and the leader will earn one like theme park ticket! For more information on housing options or tickets, please refer to the AAU Travel Planner at [www.aautravelplanner.org](http://www.aautravelplanner.org).

# 32nd AAU Junior National Girls' Volleyball Championships ENTRY FORM

ALL ENTRIES MUST BE MADE ON THIS FORM.  
A \$595 ENTRY FEE MUST ACCOMPANY EACH TEAM ENTRY.  
PLEASE COMPLETE ONE (1) ENTRY FORM FOR EACH TEAM ENTERED.

**TEAM NAME:** \_\_\_\_\_  
*List name as it will appear in the program.*

**TEAM CONTACT:** \_\_\_\_\_ ☐ Club Director ☐ Head Coach ☐ Other  
*All Championships materials will be addressed and sent to the above individual. Team Contact will not receive an event credential unless he or she is listed on the official roster.*

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: (day)** \_\_\_\_\_ **(evening)** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_  
*Important to include – information and announcements will be sent by e-mail*

**List contact that will be making your teams travel arrangements (if different from above). Include your local travel agent.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Hotel/Housing during the event (if known):** \_\_\_\_\_

**AGE DIVISION: (circle one)**                      10      12      13      14      15      16      17      18

## IMPORTANT INFORMATION:

- Any team submitting FALSE information will FORFEIT the entire entry fee.
- It is the responsibility of the team contact/coach to enter the team in the correct age division.
- A team withdrawing on or before May 6, 2005 will be refunded 50 percent of the entry fee.
- A team withdrawing after May 6, 2005 will forfeit the entire entry fee.
- All teams must submit the Team Roster by May 6, 2005.
- Late entries received after May 6, 2005 will only be considered on a space available basis. Any entries received after the deadline must include the **late entry fee of \$650.**
- **Coaches MUST have birth certificates for all athletes at the Championships.** The Championships Committee reserves the right to check the ages of ALL of the athletes.

## RETURN FORMS AND PAYMENT TO:

*If sending via U.S. Mail:*  
AAU National Headquarters  
ATTN: Volleyball Championships  
P.O. Box 22409  
Lake Buena Vista, FL 32830

*If sending overnight (Fed Ex, Airborne, UPS):*  
AAU National Headquarters  
ATTN: Volleyball Championships  
1910 Hotel Plaza Boulevard  
Lake Buena Vista, FL 32830  
407-934-7200

## TO CHAMPIONSHIPS COMMITTEE,

Please enter my team in the AAU Junior National Volleyball Championships. In consideration of your acceptance of this entry, I agree that our team will be financially responsible for any damage caused by any member of our team, parents, guests and staff, to any property of the Walt Disney World® Resort, other venue used for competition during this tournament or the property of any other guest of the Walt Disney World® Resort. I understand that the AAU can not and does not guarantee the appearance and/or participation of specific participant(s) and/or teams (as applicable) in this event. The AAU has sanctioned (approved) this Event as an official AAU Event (competition), but the AAU is not and shall not be responsible for any participant's or spectator's expenses related to this Event (nor reimbursements for same) in case of dissatisfaction of any participant, friend, family, or spectator, this includes, but is not limited to all travel, hotel (lodging), food, entry fees and/or any other expenses related to the event.

**TEAM CONTACT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# 32nd AAU JUNIOR NATIONAL GIRLS' VOLLEYBALL CHAMPIONSHIPS

## OFFICIAL TEAM ROSTER

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION



TEAM NAME: \_\_\_\_\_ AAU CLUB #: \_\_\_\_\_ AGE DIVISION: 10 12 13 14 15 16 17 18

CITY, STATE REPRESENTING: \_\_\_\_\_

UNIFORM NUMBER	ATHLETE'S NAME (Alpha Order) LAST, FIRST	POSITION (S, L, MB, OH, DS)	GRADE Spring 2005	HEIGHT	STANDING REACH (AGES 15-18)	DATE OF BIRTH	*2005 AAU MEMBERSHIP NUMBER	COMPLETE ADDRESS - STREET (ON FIRST LINE) CITY, STATE, ZIP (ON SECOND LINE)
	1.							_____
	2.							_____
	3.							_____
	4.							_____
	5.							_____
	6.							_____
	7.							_____
	8.							_____
	9.							_____
	10.							_____
	11.							_____
	12.							_____
	13.							_____
	14.							_____

\*Leave the membership column blank if the number is unknown at the time of submitting the roster. Membership will be verified at check-in.

STAFF PERSONNEL					
NAME	ADDRESS	CITY, STATE, ZIP	PHONE	E-MAIL	AAU MEMBERSHIP #
HEAD COACH:			H: W:		
ASSISTANT COACH:			H: W:		
OTHER STAFF:			H: W:		
OTHER STAFF:			H: W:		

ROSTER VERIFIED BY (to be signed at check-in only): \_\_\_\_\_





# 32nd AAU Junior National Girls' Volleyball Championships



## ROSTER CHANGE FORM

Please use this form if you have previously submitted your Team Roster, and need to make an addition or deletion. Changes to the roster can be made up until Team Check-In; however, changes made after May 6 might not appear in the Championships Program.

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Name of Person Submitting Change: \_\_\_\_\_ Date of Change: \_\_\_\_\_

### ADDITION(S) TO TEAM ROSTER:

UNIFORM NUMBER	ATHLETE'S NAME (Alpha Order) LAST, FIRST	POSITION (S, L, MB, OH, DS)	*GRADE Spring 2005	HEIGHT	STANDING REACH (AGES 15-18)	DATE OF BIRTH	**2005 AAU MEMBERSHIP NUMBER	COMPLETE ADDRESS - STREET (ON FIRST LINE) CITY, STATE, ZIP (ON SECOND LINE)
	1.							_____
	2.							_____
	3.							_____
	4.							_____
<b>STAFF PERSONNEL</b>								
<b>NAME</b>		<b>ADDRESS</b>		<b>CITY, STATE, ZIP</b>		<b>PHONE</b>		<b>E-MAIL</b>
HEAD COACH:						H: W:		
OTHER STAFF:						H: W:		

\*The maximum roster size is 14 athletes and 4 staff (bench) personnel.

\*\*Leave the membership column blank if the number is unknown at the time of submitting the roster. Membership will be verified at check-in.

### DELETION(S) TO TEAM ROSTER:

The following should be removed from the Team Roster. (List name only)

ATHLETES:

COACHES:

---

---

---

---

---

---

## 32nd AAU Junior National Girls' Volleyball Championships

### CHAPERONE RESPONSIBILITY FORM

The Local Organizing Committee for the 32nd AAU Junior National Girls' Volleyball Championships greatly appreciates your interest, presence and cooperation in making these Championships a successful and meaningful experience for our young athletes. The normal participant in the Championships is well-mannered, well-disciplined and very cooperative. Our greatest concern is that there will be no incidents during the Championships, which reflect poorly upon any individuals, teams or organizations. We ask for your cooperation toward meeting these goals.

One (1) adult chaperone is requested to be present and be responsible for every seven (7) athletes at the Championships (e.g. 7 athletes = 1 chaperone; 8 or more athletes = 2 chaperones). Coaches may not act as a chaperone for any team. Chaperones are not permitted on the competition floor or to sit on the team bench during play. A maximum of two (2) chaperones will receive event credentials allowing access into competition venues. An event credential for each chaperone will be issued to the team representative at Team Check-In. It will be the responsibility of each chaperone to obtain the event credential from the team representative. Please note chaperones that do not have an event credential will need to purchase a ticket for the Opening Ceremony or for competition. Chaperones will need to be registered as non-athlete members of the AAU, which is \$14.

### STATEMENT OF RESPONSIBILITY

I recognize and accept responsibility for the entire behavior of the athletes on my team throughout their entire relationship with the 32nd AAU Junior National Girls' Volleyball Championships. My responsibilities begin at the time of departure for the Championships, at the Championships venues and at the other sites, which might be related to the Championships.

**TEAM NAME:** \_\_\_\_\_

**AGE DIVISION:**            10       12       13       14       15       16       17       18

**CHAPERONES' NAMES:**

#### ***1-7 PLAYERS***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AAU MEMBERSHIP #: \_\_\_\_\_

#### ***9-14 PLAYERS***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AAU MEMBERSHIP #: \_\_\_\_\_

## ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of my/the minor's participation in any way in any Amateur Athletic Union of the U.S., Inc. ("AAU"), activity ("ACTIVITY") I, for myself, the minor, my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am/ the minor is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I/ the minor will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own/ the minor's actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur/ the minor incurs as a result of my/the minor's participation in the Activity. 3. HEREBY RELEASE, AND FOREVER DISCHARGE, AND COVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. ("AAU"), the Host, Local Organizing Entity, Walt Disney World Hospitality & Recreation Corporation, Walt Disney World Co., Disney Sports Attractions (collectively, "**DISNEY**"), their parent, related, affiliated, and subsidiary companies, as well as the officers, directors, agents, attorneys, employees, representatives, successors and assigns of each of the foregoing entities, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the AAU, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY/THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION OR NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my/the minor's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. I ACKNOWLEDGE THAT THE TIMES (SCHEDULE) FOR EVENTS MAY CHANGE. I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if believed necessary for the minor en route to or from or at the site of AAU event or hospital or other medical facility. I understand that should a health emergency arise, such parties will attempt to notify me, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the AAU to allow the reproduction, dissemination, and/or publication of my / the minor's name and/or likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording and understand that the AAU retains title, exclusive and unlimited rights to all internet streaming files including live and archived games, interviews, and events broadcast to the Internet. This is to be done in conjunction with my/the minor's participation in this AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my/the minor's participation in this event, nor will I/the minor receive any payment for the possible commercial use of my/the minor's name or likeness. INSURANCE: Excess medical insurance is provided for any member athlete participating in an AAU-sanctioned practice or event. If such athlete has other medical coverage, theirs will be applied first, followed by this excess coverage. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY—AS IS, WITHOUT MODIFICATION, ACCOMMODATION, OR SPECIAL PERSONNEL (AND THAT IF NOT, I WILL PAY ALL EXPENSES RELATED THERETO). I HEREBY RELEASE, FOREVER DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION AND/OR NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION AND/OR ARBITRATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGES, OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

This Agreement shall be governed by the laws of the State of Florida, and the Parties agree that any legal action relating to or arising out of this Agreement shall be brought exclusively in binding Arbitration in Orange County, Florida, through AAA Arbitration or other Arbitrator approved by AAU, and subject to the Rules of AAA or the applicable Arbitrator, and applicable Florida law.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARTICIPANT'S SIGNATURE (only if age 18 or over): \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

# 32nd AAU Junior National Girls' Volleyball Championships

## SEEDING INFORMATION FORM

It is very important to complete this form. You will be assisting the Championships Committee to develop a more accurate seeding structure. **Failure to submit information will jeopardize a correct seed for your team. Information must be received by May 20.**

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

HEAD COACH'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you competed in AAU National Volleyball Championships before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you qualified for USA Volleyball Junior Nationals? \_\_\_\_\_

Based on previous experience, please check one of the following categories to rank your team.

☐ Upper 3rd ☐ Middle 3rd ☐ Lower 3rd

**Please complete the below information regarding the 2005 season. Additional results can be attached on a separate sheet.**

Tournament: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Sanctioned by: ☐ AAU ☐ USAV ☐ OTHER

Top three (3) finishers:

1<sup>st</sup> place team \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> place team \_\_\_\_\_ State \_\_\_\_\_

3<sup>rd</sup> place team \_\_\_\_\_ State \_\_\_\_\_

Your team's finish \_\_\_\_\_ Results \_\_\_\_\_

Tournament: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Sanctioned by: ☐ AAU ☐ USAV ☐ OTHER

Top three (3) finishers:

1<sup>st</sup> place team \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> place team \_\_\_\_\_ State \_\_\_\_\_

3<sup>rd</sup> place team \_\_\_\_\_ State \_\_\_\_\_

Your team's finish \_\_\_\_\_ Results \_\_\_\_\_

Who have been your most competitive opponents?

Date \_\_\_\_\_ Team \_\_\_\_\_ State \_\_\_\_\_ Scores \_\_\_\_\_ W or L

Date \_\_\_\_\_ Team \_\_\_\_\_ State \_\_\_\_\_ Scores \_\_\_\_\_ W or L

Date \_\_\_\_\_ Team \_\_\_\_\_ State \_\_\_\_\_ Scores \_\_\_\_\_ W or L

Date \_\_\_\_\_ Team \_\_\_\_\_ State \_\_\_\_\_ Scores \_\_\_\_\_ W or L

Your overall team record: \_\_\_\_\_ Date practice began \_\_\_\_\_ Practice times #days/week: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE USE ADDITIONAL PAPER TO SUBMIT FURTHER RESULTS OR SEEDING INFORMATION**

## 32nd AAU Junior National Girls' Volleyball Championships

### T-SHIRT ORDER FORM

TEAM NAME: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

CLUB DIRECTOR/TEAM CONTACT: \_\_\_\_\_

Each athlete and coach listed on the roster will receive a 2005 AAU National Championship T-shirt. Please specify sizes below.

Final roster changes and adjustments to your order can be made at Team Check-In.

#### T-SHIRT ORDER

S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

Number of Athletes: \_\_\_\_\_

Number of Coaches: \_\_\_\_\_

Total Number: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Send to:

AAU, c/o Volleyball, PO Box 22409, Lake Buena Vista, FL 32830  
407-934-7242 (Fax)

**PLEASE SUBMIT BY MAY 20, 2005**

## 32nd AAU Junior National Girls' Volleyball Championships

### SCOREKEEPERS CLINIC

Athletes will be responsible for scorekeeping and line judging matches at the AAU Junior National Volleyball Championships. Each team ***MUST*** provide qualified persons as follows:

- 1 scorekeeper
- 1 scoreboard operator
- 2 line judges
- 1 Libero tracker
- A coach must be present at the score table when your team is scheduled to work.

The Championships will be conducted under the playing rules of USA Volleyball, as modified by the AAU National Committee.

**The Scorekeepers Clinic is OPTIONAL.** Any team, athlete or coaches not familiar with USA Volleyball rules or completing the scoresheet, should sign-up to attend the clinic. For a copy of the scoresheet or scorekeeping instructions, please visit the web site at [www.usavolleyball.org](http://www.usavolleyball.org).

**There will be limited seating, so please register by May 20 to reserve your spot.**

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Coach: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Coaches Attending the Clinic: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_

Check One:      ☐ Monday, June 13 at 3:00 pm      *(Any Age Group)*  
                     ☐ Tuesday, June 14 at 3:00 pm      *(Ages 15 to 18)*

***Location of the clinic and additional information will be distributed after May 20.***

Send to:  
AAU, c/o Volleyball, PO Box 22409, Lake Buena Vista, FL 32830  
407-934-7242 (Fax)