

SCVA Letter of Commitment – Junior Boys

DO NOT SIGN WITHOUT READING CAREFULLY. DO NOT SIGN PRIOR to September 13th, 2022.

This requirement has been created to protect the player and parent/guardian as a member of a club.

1. Basic Penalty. I understand that by signing this letter. I am committed to joining the club named with this document for the entire 2022/2023 season. If I compete for another club, I may be subject to suspension for the remainder of the season.
 - a. Early Signing Period. A player who signs a Letter of Commitment before September 13, 2022 is subject to suspension for the entire season. A club representative may not ask a player to sign prior to September 13, 2022 either.
 - b. A player may not sign a Letter of Commitment before September 13, 2022 regardless of the date of the tryout. A player who signs a Letter of Commitment or a club that allows a player to sign at a tryout date prior to September 10th is subject to suspension for the entire season. Under no conditions may the Letter of Commitment be pre-signed or pre-dated before this time frame. In turn, no deposit monies, team or club fees can be collected before September 13, 2022.
 - c. Only One Letter of Commitment Permitted. A player who signs more than one Letter of Commitment with more than one club is subject to suspension for the entire 2022/2023 season.
2. Verbal Commitments. A player may commit verbally to a club prior to September 13, 2022. A verbal commitment is not binding. The player may revoke the commitment at any time, before signing the Letter of Commitment, without penalty.
3. Recruiting Ban after Signing. I understand that all clubs are obligated to respect my signing and shall cease to recruit me upon my signing this document. I shall notify any recruiter who contacts me that I have signed.
4. Club Signatures Required Prior to Submission to the SCVA. This document must be signed and dated by the Club Director before being submitted to the SCVA along with other registration documents.
5. Parent/Guardian Signature Required. My parent, or legal guardian, is required to sign this Letter of Commitment if I am less than 18 years of age at the time of signing.
6. Falsification of Letter of Commitment. If I falsify any part of this Letter of Commitment, including the date, I understand that I am subject to suspension for the entire 2022/2023 season.
7. Nullification of Other Agreements. My signature on this Letter of Commitment nullifies any agreements, verbal or otherwise, which would release me from the conditions stated within this document.
8. Binding Agreement. I understand that I have signed this Letter of Commitment with the club and not with a particular individual. If the coach or any player(s) leave the team, I remain bound by the provisions of this document for the entire 2022/2023 season. I certify that I have read all terms and conditions in this document. I have discussed them with the club representative named within, and I fully understand, accept, and agree to be bound by them.

NOTE: IT IS A VIOLATION OF SCVA POLICY TO POST-DATE THIS DOCUMENT

Club Name: _____

Team Name: _____

Player's Name: _____

Player's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's Phone #: _____

Parent's Email: _____

Club Director: _____

Director's Signature: _____ Date: _____

COMMITMENT FORM

2022-2023



PLEASE READ CAREFULLY!
Do Not Sign Prior to September 13, 2022

- **Basic Penalty:** I understand that by signing this letter, I am committed to joining the club named with this document for the entire 2022/2023 season. If I compete for another club, I may be subject to suspension for the remainder of the season.
- **Early Signing Period:** No players can sign a Letter of Commitment before **September 13, 2022**. Any player who signs a Letter of Commitment before these dates is subject to suspension for the entire season.
- **Pre-Signing / Pre-Payments:** Under no conditions may the Letter of Commitment be pre-signed or pre-dated before this time frame, regardless of the date of the tryout. In turn, no deposit monies, team or club fees can be collected before these dates.
- **Only one Letter of Commitment Permitted:** A player who signs more than one Letter of Commitment with more than one club is subject to suspension for the entire 2022/2023 season.
- **Verbal Commitments:** A player may commit verbally to a club prior to September 13, 2022. A verbal commitment is not binding. The player may revoke the commitment at any time, before signing the Letter of Commitment, without penalty.
- **Recruiting Ban after Signing:** I understand that all clubs are obligated to respect my signing and shall cease to recruit me upon my signing this document. I shall notify any recruiter who contacts me that I have signed.
- **Parent/Guardian Signature Required:** Athlete's parent, or legal guardian, is required to sign this Letter of Commitment if athlete is less than 18 years of age at the time of signing.
- **Falsification of Letter of Commitment:** If I falsify any part of this Letter of Commitment, including the date, I understand that I am subject to suspension for the entire 2022/2023 season.
- **Nullification of Other Agreements:** Signature(s) on this Letter of Commitment nullify any agreements, verbal or otherwise, which would release the athlete from the conditions stated within this document.
- **Binding Agreement:** I understand that I have signed this Letter of Commitment with the club and not with a particular individual. If the coach or any player(s) leave the team, I remain bound by the provisions of this document for the entire 2022/2023 season. I certify that I have read all terms and conditions in this document. I have discussed them with the club representative named within, and I fully understand, accept, and agree to be bound by them.
- **Transfer Policy:** Transfers are reviewed on a by case basis. No transfers will be permitted without the written consent of the club associated with this signed agreement.

CLUB NAME

PLAYER SIGNATURE

DATE

TEAM NAME

PARENT SIGNATURE

DATE

PLAYER NAME

PARENT PHONE

PARENT EMAIL



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

2022-2023

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: _____
First Name: _____ Last Name: _____ Birth Date: _____ Age: ____ ©

Primary Guardian Contact:

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 history:

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
(write NONE if no allergies): _____

Participant Signature: _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by The SoCal Cup, AIM Sportsplex, LLC or the AAU. 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.

Parent/Guardian Signature: _____ Date: _____

OR

I **do not authorize** emergency medical/dental care for my daughter/son.

Parent/Guardian Signature: _____ Date: _____