CONTACT INFORMATION

2021- 2022 Season

XCELERATION TEAM 18-BLUE

PLAYER:

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ PLAYER CELL _____

SCHOOL _____ GRADE____ BIRTH DATE _____

PLAYER E-MAIL _____

PARENT1 Last Name _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ PARENT1 CELL _____

PARENT1 E-MAIL _____

PARENT2 Last Name _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ PARENT2 CELL _____

PARENT2 E-MAIL _____

COMMITMENT CONTRACT

By signing below, player and parent agree to the following with the Xceleration Volleyball Club:

1. The player commits to playing with Xceleration Volleyball Club
2. To pay all fees associated with the Club for dues per the schedule received on Signing Night. If the player chooses to leave the club during the season for any reason, the full season's fees remain the responsibility of the player and parents.
3. To pay all fees associated with the club for travel by the due dates. In the event that a player does not attend a travel tournament, they are still responsible for their share of the coaches and team costs. If air travel is involved, once ticketed the air fare is non-refundable.
4. No refunds can be given for dues or travel for any reason.
5. Accounts are delinquent five days after a payment due date and delinquent amounts will be assessed a $250 late payment fee. An athlete may be prohibited from attending practices and from participating at tournaments while her family's account is delinquent.
6. A processing fee of $35 will be charged for all returned checks.
7. To abide by all rules posted in the Xceleration Club Handbook.

TEAM: 18-BLUE

Player Name (print): _____

Player Signature: _____

Parent Name (print): _____

Parent Signature: _____

Date:

Club Director Signature Leslie Ray Date Aug. 04, 2021

WAIVER OF LIABILITY FOR GYM USE

Please read this provision carefully as it modifies and limits you and your children(s) rights.

I, the parent/guardian _____of child _____ signing below, wish for myself and my child/children to utilize the services, facilities, property and equipment offered by Xceleration Volleyball Club. For and in consideration of my child's use of the NorCal Courts, its facilities and equipment located at or near 360 Ferry Street, Martinez, California commonly referred to as the Xceleration Sports Facility and other valuable considerations, the undersigned expressly agree to forever discharge, hold harmless, waive and release from liability Xceleration Volleyball Club, its members, managers, coaches, officers, agents, employees, insurers and Owners from any and all claims, demands, injuries, damages, actions, liabilities, causes of action and lawsuits for all acts of active and passive negligence to the fullest extent possible by law resulting from any accident or injury sustained by the child resulting from or connected with use of the gym, property, facilities or while engaging in an event, practice or camp at the gym, including coming to or going from said event. This waiver and release of liability applies to and includes, but is not limited to, physical injury, mental injury, emotional distress, death, and transmission of communicable diseases such as COVID-19 commonly referred to as the Coronavirus, property damage, economic and non-economic damages. I further agree to defend, indemnify and assume all expenses, costs, attorney's fees and losses arising from said injury or accident of said child(ren) and to hold Xceleration Volleyball Club, its members, managers, coaches, officers, agents, employees, insurers and Owners harmless and free of any and all liability.

By signing below both parents agree to the above

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

In case of emergency:

Contact Name:_____ Phone: _____

(Parent's signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

_____ _____

Parent/Guardian Signature Date

PLAYER COMMITMENT FORM

2021-2022 Club Season

ONLY SIGN ONCE ATHLETE HAS CONTRACTUALLY AGREED TO COMMIT TO ONE CLUB FOR THE FULL SEASON.

By signing below, I agree that I have read the club's Release Policy, Refund Policy, and Electronic/Social Media and Travel policies and that my child is committing to play for the following club for the 2021-2022 club volleyball season.

Athlete transfers/releases between clubs are only permitted with a written release from the club you have committed to using this form.

Once this document has been signed, the athlete is legally bound to this club for the duration of the 2021-2022 season. The season begins July 31, 2021 and continues through the GJNC, AAU Championships, or the club's last scheduled tournament, whichever is scheduled last.

Athlete Name:_____

Parent Name:_____

Parent Signature:_____

Date: 8/04/2021 Club Director Signature: Leslie Ray

ATTENTION PARENTS: You are responsible for filling out the Player Commitment Form and providing a signed copy of this document to the club you select. Clubs will be required to have a copy of this form on file if requested by the WCVBA.

WCVBA—PO Box 322
Rocklin, CA 95677
www.wcvba.com

APPENDIX D: WAIVER AND RELEASE OF LIABILITY

JVA
RELEASE OF LIABILITY
2021-2022

READ BEFORE SIGNING

Organization/Club/Team Name: Xceleration Volleyball Club Team: 18-BLUE

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 RELEASES; 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.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of this athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death 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 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 as regards protection against infectious diseases. If, however, I observe and any unusual or 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 AND HOLD HARMLESS (insert name of sports organization) 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF 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)

If you are a coach, event staff, or official, please check here: ☐

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.

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: Xceleration Volleyball Club Team Name: 18-BLUE

☐ 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 (regardless of age): Date:

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

NCVA and JVA Membership Registrations

Our participation in the tournaments hosted by the Northern California Volleyball Association (NCVA) and the Junior Volleyball Association (JVA) requires annual memberships with the NCVA/USAV and JVA.

Memberships will be purchased online once purchase portals become available for the 2021 – 2022 season. Xceleration will share information and instructions on how to purchase memberships once the purchase portals become available, scheduled for September.

Uniform Sizing Information

This is for preliminary information required for uniform sizing, which is expected to be done prior to start of the season during practice. Please keep this information available when needed. More information to come.

Name:

Team: 18-BLUE

T-Shirt Size:

Jersey Size:

Spandex Size:

Warm-ups Size:

Jersey Number First Choice: Second Choice

CLUB DUES

Club dues include:

- Coaches' stipends, travel/lodging
- Club Equipment/Practice Facility and
- Operations
- Conditioning and Sports Psychology sessions
- Team Affiliation Fees
- All Tournament Entry Fees
- Uniform Package
- Club Insurance
- Recruiting Seminar
- Misc. administrative expenses

Club dues do not include:

- Tournament travel expenses for the member athlete and her family
- If a team decides to join a tournament that is not included in the original schedule, additional tournament registration fees and coaches' travel costs for the optional tournament.
- Post-season expenses for qualifying tournaments (e.g., Junior National Championships): tournament entry fees, coaches' salaries, travel & lodging).
- JVA and NCVA membership fees for players

Payment Options:

Pay in full at signing night: 5% discount will be applied. Bring cash or check to signing night, Aug 4, 2021. If using a debit/credit card, complete the card authorization form below. On Aug 4, 2021 payment can be completed using PayPal through our online store at www.xcelerationvbc.com. *(regulations prohibit us from accepting payments prior to Aug. 4, 2021)*

Pay in three installments. A card authorization form is required if paying in installments. The first installment is due on signing night; due dates for the second and third installment payments are listed in the following page. An installment payment will be delinquent five days after each due date. The authorized card account will be charged for the delinquent amount plus a $250 late payment fee. An athlete may be prohibited from joining practice and tournaments while her family's account is delinquent

How to pay: Club Dues may be paid with cash/check or credit/debit card on signing night. If paying by installments, send checks by mail or, for your convenience, the club encourages payment through the Online Store via PayPal, or credit/debit card (plus 3% processing fee for PayPal of Card). A schedule of amounts due and due dates follows.

DUES PAYMENT SCHEDULE & HOW TO PAY:

18-Blue

'21 - '22 SEASON DUES **$5,670**

PAYMENT SCHEDULE:	Due Date	CASH / CHECK No Transac. Fees	PAYPAL / VISA or MASTERCARD includes 3% transac. fee
PAY IN FULL: 5% discount	Signing Night, 8/4/21	$5,387	$5,548
INSTALLMENTS:			
1st Installment	Signing Night, 8/4/21	$2,268	$2,336
2nd installment *see note 1*	October 15, 2021	$1,701	$1,752
3rd Installment *see note 1*	November 15, 2021	$1,701	$1,752
		$5,670	$5,840

OPTIONS FOR PAYING IN FULL:

- Cash or Check at signing night, August 4, 2021.
- PayPal - please visit the Online Store at www.xcelerationvbc.com on Aug. 4, 2021 *(regulations prohibit us from accepting payments prior to Aug. 4, 2021)*
- If using a credit or debit card account to pay in full at signing night, please complete the card authorization form below.

OPTIONS FOR PAYING BY INSTALLMENTS:

A card authorization form is required if paying in installments.

- For your convenience, we encourage that fees be paid by due dates via PayPal through our Online Store www.xcelerationvbc.com, or click HERE
- Pay by Credit/Debit Card: If you would like Xceleration VBC to charge an installment payment to the authorized account, please notify Gayle Swann at gayleswann@sbcglobal.net before each due date.

  note 1: The second and third installment payment will be delinquent five days after each due date. The authorized card account will be charged for the delinquent amount plus a $250 late payment fee. An athlete may be prohibited from joining practice and tournaments while her family's account is delinquent.

- Pay by Check: Have check or cash ready for first installment at signing night, Aug. 4, 2021. Send check for subsequent installments, allowing mailing time for delivery by due dates to:

  Xceleration VBC
  Attn: Gayle Swann
  P.O Box 30132
  Walnut Creek, CA 94598-9991

CREDIT CARD AUTHORIZATION FORM TO PAY IN FULL – 18BLUE

USE THIS FORM IF PAYING IN FULL WITH A DEBIT/CREDIT CARD AT SIGNING NIGHT

Please complete this form if paying in full with a credit / debit card at signing night, Aug. 4, 2021. For other payment options, please refer to Dues Payment Schedule above.

By signing below, I hereby give my permission to the Xceleration VBC to charge my credit card account for $5,548 representing full payment of '21 – '22 club dues for:

Athlete Name: _____

CREDIT CARD INFORMATION

Credit Card Type: ◯ VISA ◯ MASTERCARD

Card Number:_____

Exp (mm/yy) _____Sec Code _____

Card Member's Name
(as it appears on the card): _____

Card Member's Billing Address: _____

Card Member's City, State, Zip: _____

E-Mail: _____

Phone: _____

Signature:_____Date: _____

CREDIT CARD AUTHORIZATION FORM – 18BLUE
REQUIRED IF PAYING DUES BY INSTALLMENTS

Athlete Name: _____

By signing below, I hereby give my permission to the Xceleration VBC to charge my card account for the amounts detailed below.

Description	Due Date	Amount includes 3% transac. fee
1st Installment	Signing Night, 8/4/21	$2,336
2nd installment *see note 1*	October 15, 2021	$1,752
3rd Installment *see note 1*	November 15, 2021	$1,752

For other payment options please refer to Dues Payment Schedule page above.

If you would like Xceleration VBC to charge an installment payment to the authorized card account, please notify Gayle Swann gayleswann@sbcglobal.net before each due date.

note 1 **IMPORTANT**: The second and third installment payment will be delinquent five days after each due date. The authorized card account will be charged for the delinquent amount plus a $250 late payment fee. An athlete may be prohibited from joining practice and tournaments while her family's account is delinquent.

CREDIT CARD INFORMATION

Credit Card Type: ◯ VISA ◯ MASTERCARD

Card Number:_____

Exp (mm/yy)_____ Sec Code _____

Card Member's Name
(as it appears on the card): _____

Card Member's Billing Address: _____

Card Member's City, State, Zip: _____

E-Mail: _____

Phone: _____

Signature:_____ Date: _____