____ Yes, I am ready to play for Dig This! VBC today!
____ Yes, but I have some questions.
____ Maybe, I still need more information.
____ Not at this time. I want to try out for other clubs first.

DIG THIS
VOLLEYBALL CLUB

TRYOUT APPLICATION AND SPORTS WAIVER

PLEASE READ THOROUHLY AND FILL OUT LEDGIBLY

Player Name:_____ Age:_____ Birth date: _____
Grade:_____ School:_____ Cell # _____
Positions desired: 1st_____ 2nd__ _____
Previous club experience: Yes or No (if YES which Club)_____
I would like to play on a(check all that apply); Local Team____ Modified Traveling Team____ Travel Team____
Main Contact:_____ Cell Number:_____
Email:_____ Relationship to player:_____
Emergency Contact:_____ Cell Number:_____

Release and Waiver of Liability and Indemnity Agreement.

In consideration for being permitted to participate in the Dig This! Volleyball club, volleyball training program (hereinafter known as "The Program"), including but not limited to active participation and observance, the undersigned parent/guardian or otherwise authorized adult providing care for the child named above, does hereby acknowledge, agree and represent that he or she has 1. the authority to sign this document on behalf of the child named above 2. read and understood the Release and Waiver of Liability and Indemnity Agreement 3. acknowledged that injury can occur during participation and has advised the child to pay attention to coaches and their instructions
IN FURTHER CONSIDERATION OF PARTICIPATING IN THE ABOVE NAMED PROGRAM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Dig This! Volleyball club, its directors, officers, employees, agents or any other un-named party that is related to (hereinafter referred to as "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is participating in The Program.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the premises where upon The Program is being held or in any way observing or using any facilities or equipment of Dig This! Volleyball Club or participating in The Program whether caused by negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of the releasees or otherwise while in, about or upon the premises where upon The Program is being facilitated. Furthermore, it is agreed that the undersigned acknowledges and realizes that this, like any other sport, has inherent risk of injury and or death and at no time will the releasees be held responsible for any injuries or death resulting from participation in "The Program". THE UNDERSIGNED further expressly agrees that the forgoing this RELEASE, WAIVER and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. If any incident or occurrence should take place both parties agree to settle the matter in mediation.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIBILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. It is further agreed that the electronic copy of this form shall have the full legal force and effect as the original document.
I HAVE READ THIS RELEASE AND FULLY UNDERSTAND AND AGREE WITH THIS WAIVER RELEASE:

Participant Signature: _____ Date signed:_____
Signature of parent/guardian_____ Date signed:_____

STAFF ONLY: Shirt Size:_____ Payment:_____ Cash or Check #_____

DIG THIS
VOLLEYBALL CLUB

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 (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

Southern California Volleyball Association (SCVA)
COVID-19 Return to Play Release and Waiver

Southern California Volleyball Association (SCVA) recognizes that the coronavirus has been affecting different parts of the country in different ways and with different timing. Therefore, we understand that clubs in some cities and states may be able to return to the gym and the court sooner than others. Return to practice is the first step towards the new normal. Sanctioned events continue to remain suspended until further notice.

The Federal Government issued guidelines on April 16 for "Opening Up America Again" at *www.whitehouse.gov/openingamerica*. By following these guidelines, as well as those of local governments and health agencies, facilities and clubs will be able to make informed decisions as to when volleyball activities can recommence and what modifications to the manner in with those activities were conducted prior to the beginning of the COVID-19 pandemic might be required. While there will be an increase in participation opportunities, we want to encourage all to continue to be good stewards of the community – being mindful that there are many factors to consider before returning to play, even if a facility may be open.

If you live in a community where stay-at-home or shelter-in-place orders have been lifted or modified, and if your locality meets the standards in the Federal Guidelines, then some activities and training might be appropriate and provide an opportunity to get back to the gym and the court, get some exercise, and see some of your teammates. However, should you be able to return to some volleyball activities, we highly recommend all players ease their way back into play, given the layoff from participating and competing. In addition, participants must reside in a city and/or county that has lifted restrictions in order to return to a training location that also has lifted restrictions. Participants that live in a city/county/state that have not lifted stay in place orders should not travel to a facility in a location that has lifted its stay in place order.

Depending upon what your locality might allow, the primary concern is to establish guidelines that will minimize the risk of you contracting the COVID-19 virus. No guidelines or precautions can be 100% effective. As a result, there is an inherent risk of contacting the COVID-19 virus as a result of participating in volleyball activities and Southern California Volleyball Association (SCVA) has recommended to its member clubs that they seek waivers and releases of any claims that their members may have should a member contract the COVID-19 virus.

Not all clubs in your location may be able to return to play as quickly as others. For example, differences in the layout of different gym facilities used by different clubs in the same locality may affect when and how the clubs are able to return to volleyball activities. We have asked our clubs to prioritize the health and safety of our athletes and their families, but Southern California Volleyball Association (SCVA) cannot control how its individual club members elect to return to play or police its club members to ensure that they are following any guidelines that a particular club may establish. As a result, each of our members and their families are responsible for making their own judgment as to the degree of risk of contracting the COVID-19 virus that they are willing to take in order to return to volleyball activities based upon their individual circumstances, including the prevalence of the virus in their locality, whether a particular member is particularly vulnerable to the virus and the precautions that their club elects to employ.

According to the USOPC Chief Medical Officer, although the young and healthy tend to have less severe cases of COVID-19, every case of this disease is potentially life-altering or deadly. Until COVID-19 is eradicated, even if an effective vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of a serious or fatal infection. This should always be in the forefront of your mind when deciding whether to return to training.

As always, DO NOT PLAY if you:

- are exhibiting any symptoms of the coronavirus: mild to severe respiratory illness with fever, cough and difficulty breathing, or other symptoms identified by the CDC.
- have been in contact with someone with COVID-19 in the last 14 days.
- are a vulnerable individual according to CDC guidelines and/or those of your state or local government. Vulnerable individuals include the elderly, individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy. Vulnerable individuals should speak with their physician prior to resuming volleyball activity.

Waiver & Release Access

Knowing the risks described above. I agree, personally and on behalf of the minor child named below, to assume all the risks and responsibilities surrounding my minor child's participation in club volleyball within the Southern California Volleyball Association (SCVA) region. To the fullest extent allowed by law, I hold harmless and agree to indemnify the SCVA, its commissioner and employees, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in volleyball training and activities resulting from any cause whatsoever and regardless of fault.

Signature of Participant	**Date**
Name of Participant	**Date of Birth**
Signature of Parent/Guardian	**Date**
Print Name of Parent/Guardian	**Name of Club Participant(s)**