NORTHERN CALIFORNIA VOLLEYBALL ASSOCIATION

2009–2010 INDIVIDUAL MEMBERSHIP FORM - Registration valid: 9/1/09 to 8/31/10

MEMBERSHIP FEES ARE NOT REFUNDABLE NOR TRANSFERABLE - NO EXCEPTIONS

PLEASE PRINT CLEARLY AND SIGN THE SECOND PAGE OF FORM

NCVA-Sanctioned Team Affiliation (if any): Capital City Girls Volleyball Club

Legal First Name: _____ MI: _____ Legal Last Name: _____

❑ Check the box if your name has changed in the past year. Previous name: _____

☑ Check the box if you do NOT wish to be on USAV master 3rd party list

Gender: ❑ Male ☑ Female Birth date (required for ALL Members by USAV): _____ Jrs. Only: Grade (as of 09/01) _____

❑ Adult Player Full-Season	$50	☑ Junior Player Full-Season	$50
❑ Adult Player One-Day Pass (Nov. 1 only)	$10	❑ Junior Club Director	$50
❑ Parent	$50	❑ Junior Coach	$50
❑ Chaperone	$50	❑ Junior Tryout One-Day Pass	$8
❑ Referee Full-Season	$50	❑ Junior NCVA Board Member	$50
❑ Background Check	$25	❑ Athletic Trainer	$50

Address: _____

City: _____ State: _____ Zip: _____- _____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Email: _____ High School Graduation Year (Jr. players only): _____

This information is used to report aggregate data to the United States Olympic Committee. Please check one of the following:

☐ I choose not to respond
☐ American Indian or Alaskan Native, not Hispanic or Latino
☐ Black or African American, not Hispanic or Latino
☐ Two or more races, not Hispanic or Latino
☐ White, not Hispanic or Latino
☐ Asian, not Hispanic or Latino
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

I agree that once affiliated with a club/team, it is for the entire sanctioned playing season. (Club affiliation does not apply to unaffiliated members).

I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVAôs authorized representative, under the conditions specified by the USAV/RVA (the ñFootageò).

I herby grant USAV/RVA, with no financial or other compensation due to me, full fight and license to sue, and to authorize third parties to use, in all media, the Footage for (1) news and information purposes, (2) promotion of the specific competitions(s) in which I compete, (3) promotion of the Sports, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.

The information I am providing is true and accurate to the best of my knowledge and I understand that false information is grounds for denial of membership.

Individual Signature: _____ **Parent/Guardian's Signature:** _____ **Date:** _____
(if under 18 years of age)

Payment Information:

❑ Paid Online
❑ Check Enclosed

Make checks payable to:

NCVA
72 Dorman Avenue
San Francisco, CA 94124
Phone: (415) 550-7582
Fax: (415) 550-7762
E-mail: vball@ncva.com

Please charge my: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

THIS FEE WILL BE PAID BY THE CLUB

Card Number: _____ Exp.: _____ Sec. Code: _____

Card Member: _____

Card Memberôs Address: _____

Card Memberôs City, State & Zip Code: _____

Signature: _____

Amount to Charge: _____ Date: _____