

PRVC Payment Form

	Quantity	Total
Membership Fee \$150	<u>1</u>	<u>\$150.00</u>

Member name _____

Additional Family Member Fee \$125

Member name _____

Member name _____

Member name _____

Member name _____

Optional PRVC Merchandise

Short Sleeved T-Shirt \$12

Long Sleeved T-Shirt \$15

Warm up Shirt \$20

Hooded Sweatshirt \$30

Total

paid Cash _____ Check # _____

checks verified by Check Solutions

If a check is returned for insufficient funds, the athlete will be excluded from play until the situation is corrected.

**POWDER RIVER VOLLEYBALL CLUB
WAIVER AND RELEASE OF LIABILITY FORM**

This form must be read and signed before the participant is allowed to take part in any practice or competitive sessions. By signing this, the participant and parents/guardians affirms having read it.

Participant's Name: (Please Print) _____
Sponsoring Organization: Powder River Volleyball Club

In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree that: 1) The player risks bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property, 2) the player knowingly and freely assumes all such risk; and 3) The player, and on behalf of his/her heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Powder River Volleyball Club, their officers and/or volunteers, with regard to any and all such injury, paralysis, dismemberment, death, and/or loss of damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above Waiver and Release, understand that I have given up substantial rights by signing it and sign it voluntary.

Participant's Signature Date Signed

I, the undersigned parent or guardian of the athlete above named, do hereby understand the above waiver and do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said athlete as, in the judgment of said doctor or hospital, may be required, on in emergency basis on the event said student should be injured or stricken ill while participating in practices, competition or any other event for the Powder River Volleyball Club.

Parent's Signature Date Signed

AMATEUR ATHLETIC UNION OF THE UNITED STATES, INC.

I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office.

Member's Signature _____

Parent/Guardian
Signature _____

PRVC Parent Code of Conduct

- I will enjoy my child's opportunity to experience the benefits of sport.
- I will trust in my child's ability to have fun as well as to perform and achieve excellence on her own.
- I will help my child to learn the right lessons from winning and losing and from individual accomplishments and mistakes.
- I will respect my child's coach and support his/her efforts.
- I will not instruct from the sidelines unless asked by the coach.
- I will insure that my child will attend all games and practices possible, and when not possible, I agree to inform the coach in advance.
- I will respect all facilities made available so my child can play games and practice her sport.
- I will respect the officials and their authority during the game.
- I will never demonstrate threatening or abusive behavior or use foul language.
- I will be responsible to report any perceived misconduct by coach, player, parent or official so it can be dealt with in the appropriate manner. If you need to report a problem, please talk to the coach first, then the board contact for your child's age group. If the problem has not been resolved present your problem at a PRVC Board meeting.

Failure to abide by this Code of Conduct may result in the parent being asked to leave the gym for practice or games.

Athlete's name

Athlete's Grade

Print Parent name

Phone #

Parent Signature

Date

Parents pick at least one area in which you can volunteer

____ Head coach

____ Assistant Coach

____ Team Parent

Tournament Volunteer

____ Tournament Set-up

____ Tournament tear down

____ Court monitor (turn in score sheets, etc.)

____ Facility monitor (check garbage cans, keep chairs back from courts, etc)