



2013 SKILL'S CLINICS REGISTRATION FORM

CHILD'S NAME: _____ Birth Date: _____

Current Grade: _____ School: _____

List all prior volleyball experience, training, including length of time for each (**returning NYVA Players may skip this question**)

Home Address: _____
Street City Zip

Email Address: _____

Mothers' Name: _____ Fathers' Name: _____

Mother's Home Phone: (____) _____ Mother's Cell: (____) _____

Father's Home Phone: (____) _____ Father's Cell: (____) _____

Which is the best phone number to reach you: _____

| <u>APPLYING FOR THIS CLASS</u> <u>(Yes or No)</u> | <u>SKILL</u> | <u>DATE</u> | <u>COST</u> |
|--|---------------------|--------------------|--------------------|
| | Passing & Digging | Oct. 5th | \$30 |
| | Serving | Oct. 12th | \$30 |
| | Setting | Oct. 19th | \$30 |
| | Hitting & Blocking | Oct. 26th | \$30 |

Applying For All Four Clinics (Yes or No) _____ (Total Cost \$105)

TOTAL AMOUNT ENCLOSED (Check Payable to NYVA) \$ _____

4th - 6th GRADE – 10:45 am – 12:15 pm
7th GRADE & UP – 12:15 pm – 1:45 pm

2013 SKILL'S CLINICS

REGISTRATION FORM (page two)

Other than Parents, At Least Two Emergency Contacts – Name and Phone Numbers -

Please List All Numbers – use reverse if necessary: _____

Pediatrician Name & Phone No.: _____

Dentist Name & Phone No.: _____

Medical Insurance Carrier:

Phone Number (usually found on back of insurance card): _____

Name of Insured: _____

Group/Policy Number (List All – Specify): _____

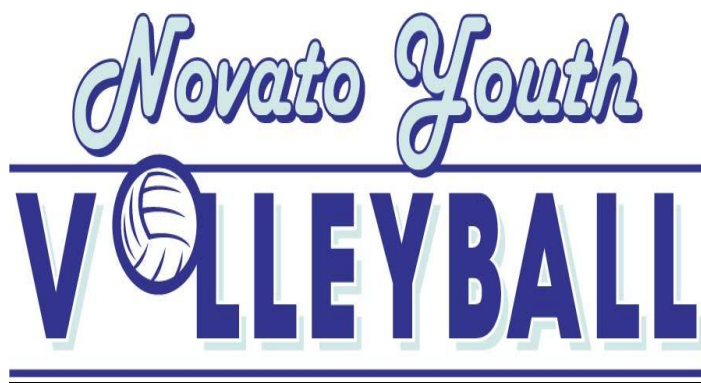
Periodically, we post new pictures on our website. Do we have your permission to use photos where your daughter appears in them (no names shown) Yes _____ No _____

CANCELLATION/REFUND POLICY – We are fair and flexible, and will consider any *reasonable* situation which may arise. When we receive registrations, we accept it with a commitment of participation from you/your daughter, barring, of course, any highly unusual and unforeseen circumstances. *Refund Policy* – Should you need to cancel registration, a full refund will be given as long as the registered spot is taken by another individual on the “*Wait List*”. Should we need to cancel for any reason, we will refund 100% of your registration fee. I understand and agree to this Cancellation/Refund Policy: **Parent Initial Here** _____

**BY SIGNING BELOW, YOU AGREE TO IMMEDIATELY NOTIFY US IN
WRITING OF ANY CHANGES TO THE ABOVE INFORMATION. THANK YOU.**

PARENT SIGNATURE

DATE



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I/We, the undersigned, are the parents and/or legal guardians of the minor child named below. We wish to enroll our minor child to participate in Novato Youth Volleyball Association, LLC, ("NYVA") programs and/or activities.

In consideration of NYVA allowing my/our child to participate in the programs and activities run by it, we agree to indemnify and hold harmless NYVA and their respective shareholders, members, directors, officers, employees, and/or agents, including any minor and/or adult volunteers working with NYVA (hereinafter collectively "Releasees") from any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and/or deficiencies, including interest, penalties and reasonable attorney fees that Releasees may incur or suffer, which arise, result from, or relate to our minor child's participation in the programs and activities of NYVA. Such agreement to indemnify and hold harmless extends to any damages or claims for property damage, bodily injury or death to or caused by my minor child, while participating in any NYVA program or activity. I understand my minor child does not have the legal capacity to contract and thus in the event a claim or action is brought on their behalf against NYVA or Releasees resulting from my child's participation in any NYVA program or activity, my agreement to indemnify and hold harmless NYVA and Releasees will extend to any judgment rendered in favor of my child against either entity or their agents.

I/We understand by signing this Waiver of Liability and Hold Harmless Agreement that it covers not only the current program but also any future periods of time which our minor child is participating in programs or activities of NYVA.

NAME OF MINOR CHILD (Please Print): _____

SIGNATURE OF PARENT(s): _____

NAME OF PARENT(s) (Please Print): _____

DATE SIGNED: _____

CODE OF CONDUCT

This Code of Conduct applies to all athletes, their parents/guardians, family members and guests (herein referred to as “all”) involved either directly or indirectly in Novato Youth Volleyball Association (NYVA) present and future activities. As program administrators, it is our duty to emphasize to all the ideals of sportsmanship, ethical conduct, and fair play. All are expected to respect the integrity and judgment of officials and coaches, and extend common courtesy to everyone in attendance. All should bear in mind and remember they represent, and are an extension of, Novato Youth Volleyball Association during NYVA program activities, including but not limited to practices and games. The following guidelines should serve as a code of established behavior for all participating either directly or indirectly.

1. Strive to maintain good behavior, while realizing teamwork, working cooperatively and having a positive attitude takes priority over winning.
2. Treat everyone, including but not limited to coaches, teammates, opposing players and coaches, officials, parents, family members and guests, with dignity and respect. Always use positive language and behavior.
3. Respect all coaches, the instructional authority for the teams. Discourage all fans, teammates, parents, etc., from undermining the coach’s authority.
4. In the event of an adverse situation, actively work to openly communicate to resolve the situation. Direct all problems to Team Coach, Head Coach or Program Director.
5. Athletes support their team by attending all scheduled practices and games to the best of their ability. In instances where a team member cannot attend a practice or game, it should be communicated to the Team Coach, Head Coach, and/or Program Director to inform him/her of the situation.

Your signature, on behalf of you, your family members and your guests, signifies a collective understanding and willingness to abide by this Code of Conduct. Any breach of this Code of Conduct may result in suspension or expulsion from attending a team practice, tournament, and/or any other NYVA program activity.

ATHLETE’S NAME (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Mail Registration, Waiver of Liability, Code of Conduct and Payment To:

*Novato Youth Volleyball Assoc.
936 B Seventh Street, # 354, Novato, CA 94945*

PHONE: (415) 895-5200 EMAIL: Coachjacqueline5@yahoo.com

www.NovatoYouthVolleyball.com