

Velocity Boys Volleyball Club Practice-Only Program

Our Goal

To provide a quality experience for area high school players leading up to the 2021 spring/summer high school volleyball season. Due to the Covid virus, we will offer this unique practice-only program to help you prepare for the high school season with 12 practices on Tuesday and Thursday evenings, starting Tuesday, Feb 23 and ending on Thursday, April 1. Our practice sessions are two hours, 7-9pm. If there's a strong interest in our program, we can modify our schedule to accommodate more athletes with two sessions per evenings.

There isn't any tryouts. We will take players on a first come first serve basis. We recommend you using our advance register by simply sending an email indicating your intent to join, and mail a check for \$250 (\$25 discount) along with the medical release and registration form in to reserve a slot. You can register onsite at our first practice with a check for \$275 along with the medical release and registration form.

Tournaments

Since Illinois Dept of Public Health and Great Lakes Region USAV has not permitted club sports to play in tournaments, we are only offering a practice-only program. Currently, we do not intend to play at any club volleyball tournaments.

Velocity Advantages

- > Continue to play and develop together with your high school teammates
- > Convenient practices at St Paul gym (behind Skokie library)
- > Supported by Niles North and Niles West boys varsity head coaches
- > Lower fees and one of the most cost-effective volleyball club in Illinois
- > Practices will be led by Coach George Wong, 25+ years of junior volleyball experience

Fees

Advance registration for our 12-practice program is \$250 (\$25 discount); payable by check with a postmark of Tuesday, Feb 16. **Onsite registration** fee will be \$275 at our first practice Feb 23. We will cap the total of 32 players for two sessions. You'll also need to be register at **Great Lakes Region USAV** thru their **Sports Engine** webpage for a **Camp/Clinic membership** at \$12. Make a printout and bring it to our first practice, or forward their confirmation email to me. DO NOT sign up for their full juniors membership.

Please contact Coach Wong (847-682-0537 or email at dogwong@comcast.net) if you have any questions. I look forward to re-starting boys volleyball in our community. See you soon.

Safety Guidelines

Velocity VBC will use best practices to help promote a safe and healthy environment for both athletes and coaches involved. Here are the measures that we ask of players and their families:

- a) All players should take their own temperature at home prior to leaving for practice
 - 99° – 100° consider staying at home
 - Over 100° please contact your family doctor asap
- b) Do wash your hands with soap (20 seconds) prior to leaving and wear a mask entering the gym
- c) Once you enter the gym, each athlete will have a non-contact temperature check; hand sanitizer will be available; then athlete can proceed to the court and remove their mask
- d) Parents and friends will not be allowed to enter the gym to reduce personal contacts
- e) Disinfectant wipes will be available for volleyballs
- f) Athletes are asked to wash their hands or use hand sanitizer, and place their mask on before leaving

Velocity VBC Practice-Only Program Registration Form

Revised Jan 27. Please PRINT neatly all information.

Advance registration – save \$25 & reserve a space:

Mail (postmark by Feb 16) this form, Great Lakes Region Camp/Clinic Membership, Medical Release, and check (payable to Velocity Volleyball Club) for \$250 to: George Wong, 8303 Keystone Ave, Skokie, IL 60076

Onsite registration:

Bring this form, Medical Release, Great Lakes Region Camp/Clinic Membership, and check for \$275 to our first practice Tuesday, Feb 23, 7pm at St Paul Gym, 5201 Galitz in Skokie (1 block south of library).

Player: _____	E-mail: _____
Address: _____	City, Zip: _____
Date of birth: _____	Player's cell: _____
School: _____	Grade: _____
Mother/Guardian: _____	Father/Guardian: _____
Mother's cell: _____	Father's cell: _____
Mother's e-mail: _____	Father's e-mail: _____

How did you hear about Velocity VBC?

Online search, Referral, Informed by HS coach, Other _____



Glenbrook Athletic Club/Velocity VBC Waiver and Release Form

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball practice or event, THE FOLLOWING PERSONS OR ENTITIES: Glenbrook Athletic Club/Velocity VBC and its officers, directors, board members, employees, representatives, coaches, practice sites and facilities, and agents of any of the above as well as USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and tournament facilities, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

In consideration of the rights and privileges granted to me by my membership with the RVA, a USAV Group D Member, by signing this membership form, I certify that:

1. I have read and understand the Waiver and Release of Liability.
2. I understand that I have given up substantial rights.
3. I (or my parent or legal guardian) am at least eighteen (18) years old.
4. I agree and consent to abide by the Waiver and Release of Liability set forth herein.

Participant's signature: _____ Date signed: _____

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian on the applicant

(_____ [minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I have also received the USAV Participant Code of Conduct and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in RVA/USAV events.

Parent/Guardian name: _____ Signature: _____ Date signed: _____



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: _____ 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 _____ Date: _____
 (regardless of age):

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