

2009 Starlings-Player Packet

Included in this packet is important information regarding our upcoming 2009 season. Please take time to thoroughly read all the information and ask your coach if you have any questions.

Following is a checklist of items that will need to be returned on your second meeting with your coach.

- Completed Player Registration Form (below)
 - Signed Starlings Waiver & Release Form
 - Signed Player/Parent Guidelines Form
 - Signed Medical Release Form
 - Payment of _____
-



Player Name _____ Team/Division _____

Address _____ City _____ Zip _____

Home phone _____ Parent work phone _____ Mom/Dad (circle one)

Player cell phone _____ Parent cell phone mom/dad _____ / _____

Parent(s) name(s) _____

Player E-mail address _____

Parent E-mail address _____

School _____

Grade _____ Birth Date _____ Current Age _____

Years with Starlings and previous Team/Coach(s) _____

Other Volleyball experience _____

STARLINGS VOLLEYBALL CLUBS USA
WAIVER AND RELEASE OF LIABILITY FORM
2009 SEASON

If the player is 18 years old:

I, the participant, affirm that I am **eighteen (18) years of age or older**, have read this document and I understand its contents. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I hereby assume the risks of participating 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 a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: Starlings Volleyball Clubs, USA; the tournament director, sponsors; 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 mentioned above for any of the claims or liabilities that have waived, released or discharged herein; 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.

I agree to allow Starlings Volleyball Clubs, USA, to utilize my photograph or any likeness of me created from my participation in Starlings events or programs, without my approval in advance of such use, and without financial or other compensation due to me.

Name:(print) _____ **(signature):** _____

Date: _____

If the player is younger than 18 years old:

The player is under the age of eighteen (18) years of age. The parent/guardian has read and completed the section below. The undersigned PARENT or GUARDIAN (circle one) of _____ (minor's name) hereby 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 mentioned above 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 agree to allow Starlings Volleyball Clubs, USA, to utilize the minor's photograph or any likeness of me created from her participation in Starlings events or programs, without my approval in advance of such use, and without financial or other compensation due to me or the minor.

Name:(print) _____ **(signature):** _____

Date: _____

2009 Starlings Player-Parent Guidelines

Player Practice-Placement

- Players will be placed upon teams formed within the community in which the players reside.
- Teams will be formed based upon one or more open try-out sessions.
- Teams will be formed on or about the first week of March 2007.
- Because we're community-based, ability level moves will be rare.

Philosophy

- Starlings' basic philosophy is "Athletes First, Winning Second".
- Starlings' goals are personal development and personal enjoyment.

Player's Responsibilities

- Attend team practices and tournaments or call ahead of time.
- Treat everyone—teammates, coaches, opponents, refs—with respect.
- Habitually give 100% effort.

Parent's Responsibilities

- Support and reinforce the Club in its efforts.
- Treat everyone—players, coaches, opponents, refs—with respect.
- Assist with transportation, tourneys, etc. as schedule allows.

Coach's Responsibilities

- Be a responsible model for players to emulate.
- Treat everyone—players, parents, opponents, refs—with respect.
- Communicate positively. Feedback is positive & corrective, rarely negative.

Communication-- Starlings' policy stresses teaching both personal responsibility & communication skills.

- If a problem arises, the player must first approach the coach.
- If the problem persists, player & parent should meet with the coach.
- If the problem persists, player & parent will meet with the coach & site director.
- If the problem persists, player & parent will meet with the site director and county director.

** Unless there is a safety concern, this order of events will be strictly followed.

We have read the preceding guidelines, and we agree to abide by them.

Player Name: _____ Signature: _____

Parent Name: _____ Signature: _____



MEDICAL HISTORY & RELEASE FORM

This form must be completed – legibly – and signed in all areas by both the player and his/her parent or guardian. By signing this form the participant affirms having read it. A copy of this form must be carried with the coach for all training and competitions.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Social Sec. #: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____

Complete Address: _____

Home Phone: _____

Work Phone: _____

Club Name: _____

PHYSICIAN/INSURANCE INFORMATION

Physician Name: _____

Physician Phone: _____

Primary Insurance Co.: _____

Primary Group/Policy #: _____

Does policy cover sport-related accidents? **Y** **N**

EMERGENCY CONTACT INFORMATION

Full Name: _____

Home Phone: _____ Work Phone: _____

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by **STARLINGS VOLLEYBALL CLUBS, USA**. 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 also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed: _____ Relationship: _____ Date: _____

TO THE CLUB LEADERS:

If, during the course of my son/daughter's activities in volleyball, he/she should become ill or sustain an injury:

_____ I DO authorize the Club Leader to obtain emergency medical or dental care.

_____ I DO NOT authorize the Club Leader to obtain emergency medical or dental care.

Signed: _____ Relationship: _____ Date: _____



IMMUNIZATIONS (please state month and year)

Tetanus _____ Polio _____ Measles(Rubella) _____

HEALTH HISTORY

	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart condition	_____	_____	_____	_____
Ankle injury	_____	_____	_____	_____
Knee injury	_____	_____	_____	_____
Head/Neck injury	_____	_____	_____	_____
Shoulder injury	_____	_____	_____	_____
Elbow injury	_____	_____	_____	_____
Wrist injury	_____	_____	_____	_____
Hand injury	_____	_____	_____	_____
Finger injury	_____	_____	_____	_____
Other injuries	_____	_____	_____	_____

- 1) Height _____ Weight _____
- 2) Is there any psychosocial or physical condition for which the participant is currently under professional care? Y N
- 3) Is the participant currently taking any medication? Y N
If so, please name the drug(s), dosage and frequency needed: _____

- 4) List any known allergies: _____
- 5) Please elaborate on any medical condition that we should be aware of: _____

- 6) Please list any injuries the participant has suffered in the last two months: _____
- 7) Please state any special instructions to follow in case of emergency: _____

- 8) Comments: _____

