

# 2012 Starlings-Player Packet

This packet includes important information regarding our upcoming 2012 season. Please take time to read all the information and let me know if you have any questions, Jon [jon@jstarr.com](mailto:jon@jstarr.com)

Following is a checklist of items that will need to be turned in to play:

- Completed Player Registration Form (below)
- Signed Starlings Waiver & Release Form
- Signed Player/Parent Guidelines Form
- Signed Medical Release Form
- Payment of \$ (to be determined based on the # of participants)



Player Name: \_\_\_\_\_ Team/Division: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Cell Phone: _____	Player E-mail Address: _____		
Mom's Name: _____	Dad's Name: _____		
Mom's Cell Phone: _____	Dad's Cell Phone: _____		
Mom's Work Phone: _____	Dad's Work Phone: _____		
Mom's E-mail: _____	Dad's E-mail: _____		
Additional Contact: _____	Additional E-mail: _____		
Home Phone: _____	Additional Phone: _____		
School: _____	Grade: _____		
Birth Date: _____	Current Age: _____		
Jersey Size: _____	T-Shirt Size: _____	Spandex Size: _____	
Jersey Number: _____	1st _____	2nd _____	3 <sup>rd</sup> _____

(Please provide reliable e-mail information above. This is our only source for providing information.)

Years with Starlings and previous Team/Coach(s): \_\_\_\_\_  
Other Volleyball Experience: \_\_\_\_\_

Parent(s) interested in volunteering? Yes/No

- Team Mom/Dad  Fundraiser Help  Fundraiser Organizer  Taking Pictures
- Shooting Video  Tournament Driver  Team Function Driver  Other:

**STARLINGS VOLLEYBALL CLUBS USA**  
**WAIVER AND RELEASE OF LIABILITY FORM**  
**2012 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, employee, representatives, and agents of any of the above;

b) I agree not to sue any of the persons or entities mentioned above for any other 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:** \_\_\_\_\_

# 2012 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.
- Because we're community-based, ability level moves will be rare.

## Philosophy

- Starlings' basic philosophy is "Athletes First, Winning Second".
- Starling's 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 – teammates, 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 – teammates, coaches, 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 and 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.

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**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: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION PHYSICIAN/INSURANCE INFORMATION

Full Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Primary Insurance Co: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_  
Club Name: **Scripps Mesa** Does policy cover sport-related accidents? Y N

## EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_  
Home or Cell 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 list the drug(s), dosage and frequency needed: \_\_\_\_\_  
\_\_\_\_\_

4) Please elaborate on any medical condition that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

5) Please list any injuries the participant has suffered in the last two months: \_\_\_\_\_

6) Please state any special instructions to follow in case of emergency: \_\_\_\_\_  
\_\_\_\_\_

7) Comments: \_\_\_\_\_  
\_\_\_\_\_

**Now that THAT'S over with, let's play some Volleyball!**

**Jon**