

**U.C. Starlings Volleyball Club**  
**PLAYER CHECKLIST**  
**2010 Season**

This packet includes important information regarding our U.C. Starlings 2010 season. Please take time to thoroughly read all the information. Please contact Kati Mikes-Papp, our Club Director, with any questions ([kati@ucstarlings.com](mailto:kati@ucstarlings.com)).

Starlings Philosophy

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

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 tryout sessions.
- Teams will be formed on or about the first week of March 2010.
- Because we're community-based, ability level moves will be rare.

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→ **MANDATORY Parent/Player Information Meeting:**  
**Wednesday, February 24 @ 6:00 to 7:30 pm – U.C. Auditorium**

TRYOUT CHECKLIST

Items to be turned in **Monday, March 8:**

Completed 2010 Starlings Player Packet, consisting of:

- Waiver and Release Form
- Expectations
- Medical History and Release Form (2 pages)

TEAM MEMBER CHECKLIST

Completed items to be turned in **Wednesday, March 17:**

- 2010 Team Registration Form (one per player)
- Check Payment Form (one per player)
- Payment: \*CHECKS are to be made payable to: **Starlings Volleyball Club** \*



**Starlings Volleyball Club, USA**  
**WAIVER AND RELEASE OF LIABILITY FORM**  
**2010 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):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**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):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

# U.C. Starlings Volleyball Club

## EXPECTATIONS

### 2010 Season

#### Expectations for Players

1. Players will attend all team practices/meetings on time. If a time conflict arises, the player will communicate directly with the coach as early as possible.
2. If problems arise, players will communicate directly with the coach, not people outside the team.
3. Players will practice good sportsmanship, both in practice and in matches.
4. Players will take responsibility for the team's performance, never blaming outside forces (refs, playing times, etc.) for undesirable outcomes.
5. Players will strive to enjoy the journey, cherishing the intense competition, the lasting friendships, and the opportunity to grow as a person and as an athlete.

#### Expectations for Coaches

1. The coach will begin and end practices at posted times.
2. The coach will be organized, knowledgeable, and willing to improve.
3. The coach will encourage player communication. If a player has a concern, the coach will always listen open-mindedly.
4. The coach will be a model of good sportsmanship.
5. The coach will take responsibility for the team's performance, never blaming outside forces (refs, playing times, etc) for undesirable outcomes.
6. The coach will strive to enjoy the journey, cherishing the intense competition, the lasting friendships, and the opportunity to grow as a person and a coach.

#### Expectations for Parents

1. Parents will support the team, understanding that their daughter will be asked to make sacrifices for the benefit of the group.
2. Parents will encourage their daughter to communicate with the coach.
3. Parents will refrain from second guessing coaches, comparing players, or complaining—both in public situations and in conversations with their daughters.
4. Parents will be models of good sportsmanship.
5. Parents will allow the team to take responsibility for performance, never blaming outside forces (refs, playing times, etc.) for undesirable outcomes.
6. Starlings' policy stresses teaching both personal responsibility and communication skills. If a problem arises, parent(s) will adhere to the following procedure:
  - a) Player meets with coach
  - b) Parent and player meet with coach
  - c) Parent, player, and coach meet with club administrator.

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

7. Parents will strive to enjoy the journey and encourage their daughter to enjoy it as well.

**I understand the expectations listed above, and I agree to meet them.**

**Coach Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Player Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**U.C. Starlings Volleyball Club**  
**MEDICAL HISTORY AND RELEASE FORM**

This form must be completed – legibly – and signed in all areas by both the player and her parent(s) 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 competition.

**PARTICIPANT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # (Home or Cell): \_\_\_\_\_ Work #: \_\_\_\_\_

**PHYSICIAN/INSURANCE INFORMATION:**

Physician Name: \_\_\_\_\_  
Physician Phone #: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Does the policy cover sports related accidents (circle answer):    Yes    No

**EMERGENCY CONTACT INFORMATION:**

Name(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities, and travel sponsored by STARLINGS VOLLEYBALL CLUBS U.S.A. 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 listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**TO THE CLUB LEADERS:**

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

- I DO authorize the club leader to obtain emergency medical or dental care
- I DON'T authorize the club leader to obtain emergency medical or dental care

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**IMMUNIZATIONS** (please state the month and year):

Tetanus: \_\_\_\_\_ Measles: \_\_\_\_\_ Polio: \_\_\_\_\_

**HEALTH HISTORY:**

	YES	NO	DATE	EXPLANATION
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...				

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are there any psychosocial or physical conditions for which the participant is currently under professional care?  
Yes No

Is the participant currently taking any medication?  
Yes No

If so, list name(s) of drug, dosage and frequency: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

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

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

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_