

CLUB RIRIE-VOLLEYBALL

INDIVIDUAL PLAYER MEMBERSHIP FORM

***** Forms will be turned in at tryouts/skill placement. Money will be collected after teams are finalized.*****

Player Information: (please print)

First Name: _____ MI: _____ Last Name: _____ D.O.B _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # (Player): _____ Current grade in School: _____ I attend school at Swan Valley

Fee: \$125

Please Make Checks Payable To: Club Ririe

Fees will be collected after tryouts/skill placement. No refunds can be made for AAU Memberships once teams are finalized. No refunds can be made once the season begins.

Division Levels:

Applicants may need to tryout and will be assigned to teams by skill level.

Playing time is not equal on competitive leagues.

Please mark the box that corresponds with the players birthday

- U10– Birthday is between July 2014-June 2015 (Learning/Saturday League, 3-5 Tournaments)
- U11– Birthday is between July 2013-June 2014 (Learning/Saturday League, 3-5 Tournaments)
- U12– Birthday is between July 2012-June 2013 (Learning/Saturday League, 3-5 Tournaments)
- U13– Birthday is between July 2011-June 2012 (Competitive/Saturday League, 3-5 Tournaments)
- U14– Birthday is between July 2010-June 2011 (Competitive/Saturday League, 3-5 Tournaments)
- U15– Birthday is between July 2009-June 2010 (Competitive/Sat League 3-5 Tournaments)
- U16– Birthday is between July 2008-June 2009 (Competitive/Sat League 3-5 Tournaments)
- U17– Birthday is between July 2007-June 2008 (Competitive/Sat League 3-5 Tournaments)

Scheduling:

To help us with game scheduling please mark the box of which spring activities you plan on participating.

- JH/HS Track HS Golf DYW Will be gone the Saturday before or after Spring Break
- HS Softball Prom Will be gone the Saturday of Easter weekend Drivers Ed

Jersey's:

Jersey Size: YS YM YL AS AM AL AXL Jersey # 1 Choice: _____ Jersey # 2 Choice: _____

I have my jersey from last season and will use it again this season. (This helps keep club fees low)

Parent/Guardian Information:

Please check the box for which Parent/Guardian is the primary contact for group chats.

Parent/Guardian: Name: _____ Cell# _____

Parent/Guardian: Name: _____ Cell# _____

Release of Liability/Insurance

I agree that I am affiliated with the above named team for the current season. I agree to Membership in AAU/EIVA and all the rights associated with this volleyball league.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by EIVA. 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 **(please attach copy of medical card to the form)**. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

I will not hold EIVA, Club Ririe, LLC or any Club Ririe, LLC staff, coaches, or members liable for any injuries which may occur as a result of participation in this club.

I grant permission for any photographs of my child taken during the club season to be used in the advertising and promotion of the Club Ririe, LLC program.

Parent/Guardian's Signature: _____ Date: _____

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.

Parent/Guardian's Signature _____ Date _____

Questions please text:

Kathryn Nelson 208-604-1778, Angel Young 208-604-5683, or Mckenzy Gallup 208-569-9847