

OTTAWA FUSION VOLLEYBALL CLUB



Welcome to the Ottawa Fusion Volleyball Club

2009-2010 SEASON REGISTRATION PACKAGE

OFVC Membership Application Form

OFVC Medical Information Form

OFVC Player Agreement

OFVC Parent Agreement

OFVC Player Profile Form

OFVC Parent Power Form

Ontario Volleyball Association Individual Registration Form*

Please fill out, sign and bring the above forms to Registration Night

PLEASE ENSURE A COPY OF THE PLAYER'S BIRTH CERTIFICATE IS INCLUDED.

Registration Night

The club is holding registration on Tuesday, October 6, from 6 to 9pm at Sawmill Creek Elementary School, 3400 D'Aoust Ave, Gloucester. At this time, all of the forms included in this package along with fee payment must be submitted.

Athletes will be fitted for uniforms and will have height measurements and headshots taken for the website. There is no specific time for teams to register, please come by at your leisure.

*PLEASE NOTE: The OVA Individual Registration Form will be electronically filled in and available for signature at registration. For this reason, a parent or guardian must accompany the athlete. If this is not possible, the form can be made available via email prior to Oct 6. Please contact Lianne Normand (lianne.normand@rogers.com) if you need a copy of your form ahead of time.

Questions may be directed to Deb Price at pricelee@sympatico.ca



MEMBERSHIP APPLICATION FORM (confidential when completed)

This form, as supplemented by the Ontario Volleyball Association Individual Registration Form, shall be the application form for membership to the Ottawa Fusion Volleyball Club (OFVC).

Name: _____
 Email: _____ Home Phone: _____ Other Phone: _____
 Address: _____ City: _____ Postal Code: _____

Category of Membership

CATEGORY	TEAM	MEMBERSHIP FEE	REMITTANCE TIMELINES
<input type="checkbox"/> Player	<input type="checkbox"/> 15U1 <input type="checkbox"/> 15U2 <input type="checkbox"/> 16U1 <input type="checkbox"/> 16U2 <input type="checkbox"/> 17U <input type="checkbox"/> 18U	\$1,500	\$750 by Oct 6, \$750 by Dec 1 (Pls remit both cheques Oct 6)
	<input type="checkbox"/> 14U	\$1,200	\$750 by Oct 6, \$450 by Dec 1 (Pls remit both cheques Oct 6)
<input type="checkbox"/> Coach		no fee	
<input type="checkbox"/> Board of Directors		no fee	

By signing below, I agree to remit the above membership fees at the prescribed timelines. Cheques are payable to the Ottawa Fusion Volleyball Club. Please indicate the player's name on each cheque. A \$100 discount is provided to second or third players from the same family.

ADDITIONAL PLAYER INFORMATION

Player

Gender: Female Male Birthdate (dd/mm/yyyy): _____

Parent or guardian # 1 * if different from player's information

Name: _____
 Cell Phone: _____
 Work Phone: _____
 Home Phone*: _____
 Email: _____
 Address*: _____
 City*: _____ Postal Code*: _____

Parent or guardian #2 * if different from player's information

Name: _____
 Cell Phone: _____
 Work Phone: _____
 Home Phone*: _____
 Email: _____
 Address*: _____
 City*: _____ Postal Code*: _____

Personal Information & Photo Release, Waiver and Indemnification

I understand the Ottawa Fusion Volleyball Club gathers personal information about each of its participants, including name, address, telephone number, gender and date of birth. This information is used for the purposes of communications from the Ottawa Fusion Volleyball Club with regard to Ottawa Fusion Volleyball Club programs, events, promotions and sponsorships. The information is also used by the Ontario Volleyball Association and Volleyball Canada for annual registration and membership demographics. The Ottawa Fusion Volleyball Club also requests medical and emergency contact information to use in case of emergency.

I understand the Ottawa Fusion Volleyball Club has the right to take photographs, videotape or digital recordings of me to be used in any and all media. I am aware that by giving consent, I am permitting my name to be posted on the Ottawa Fusion Volleyball Club website and publications, which can be viewed by anyone who accesses the Ottawa Fusion Volleyball Club website or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the Privacy Officer of the Ottawa Fusion Volleyball Club (see ottawafusion.ca).

As a member of the Ottawa Fusion Volleyball Club, I agree to abide by the rules and regulations of the Ottawa Fusion Volleyball Club as approved through the By-Laws, Policies and Procedures of the Ottawa Fusion Volleyball Club. As a member of the Ottawa Fusion Volleyball Club, I shall uphold the high standards of the Ottawa Fusion Volleyball Club and shall never do anything to damage the reputation of the Ottawa Fusion Volleyball Club. I understand and agree that the Ottawa Fusion Volleyball Club and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my membership.

Player (Please print) _____ Signature _____ Date (dd/mmyyyy) _____
 Parent or Guardian (Please print) _____ Signature _____ Date (dd/mmyyyy) _____



MEDICAL INFORMATION FORM (confidential when completed, to be kept with the team for immediate availability)

Player Name: _____ Phone: _____
 Address: _____ City: _____ Postal Code: _____
 Birthdate (dd/mm/yyyy): _____ Ontario Health Card Number: _____

Private Medical Insurance Information

Name of Insurance company: _____
 Policy Number: _____ Certificate Number: _____

Emergency Contact Information (please provide as much detail as possible, at a minimum 2 phone numbers for each of 2 contacts)

	Name	Relationship	Two (2) phone numbers
Contact 1:			
Contact 2:			
Contact 3:			

Do you wear...glasses? ...contact lenses? ...braces, false teeth, bridges, etc.? ...a **MedicAlert** bracelet?

If you wear a MedicAlert bracelet, what is written on it? _____

Are you asthmatic? Yes No Are you diabetic? Yes No Are you epileptic? Yes No

If **yes** to any of the above, please provide details:

Medical Conditions, allergies and other relevant information that the OFVC and coaches should know about

Present medications (please include information on who administers the medication)

Previous injuries that might be of relevance (include a brief description and date)

We (parent and player) agree to advise the team and/or OFVC of any change in medical related information as soon as possible and that in the event that nobody can be contacted, team management will take the player to a hospital or a doctor if deemed necessary. We hereby authorize the release of this information to the appropriate persons (coach, manager, physician or other medical personnel) as deemed necessary.

Player (Please print) _____ Signature _____ Date (dd/mmyyyy) _____
 Parent or Guardian (Please print) _____ Signature _____ Date (dd/mmyyyy) _____



MEDICAL INFORMATION FORM (continued)

Administration of non-prescription medication consent

I hereby certify that I am the parent/guardian of _____ who is under 18 years of age and I hereby consent to a member of the coaching staff to administer non-prescription medication (e.g. Tylenol, Advil) and understand this will only be done if necessary.

Yes, I give consent. OR No, I do not consent to administration of non-prescription medications

Player (Please print)

Parent or Guardian (Please print)

Signature

Date (dd/mmyyyy)

Medical Emergency Consent

I hereby certify that I am the parent/guardian of _____ who is under 18 years of age and I hereby consent to any emergency procedures which may be deemed necessary by a licensed medical practitioner as a result of or during his/her involvement in or attendance at the sport activity.

Player (Please print)

Parent or Guardian (Please print)

Signature

Date (dd/mmyyyy)



PLAYER AGREEMENT 2009-2010

This agreement signifies my acknowledgement and agreement to the principles and responsibilities I accept as a condition of my participation as a member of the Ottawa Fusion Volleyball Club (OFVC).

- 1 I will play by the rules of the game and in the spirit of the game. I will respect my opponents as well as the officials and their decisions at all times.
- 2 I understand that as a member of this team I have certain responsibilities, including attending and fully participating in team and club events, practices, tournaments, and fundraising activities. I will work hard to do my best at all times.
- 3 I will be respectful of the coaches and their decisions and follow their instructions at all times, both on and off the court.
- 4 I will respect fellow teammates at all times, both on and off the court. I will do my best to be a true team player.
- 5 I will wear appropriate practice clothing and prescribed game uniforms, take proper care of team uniforms, and be respectful of all equipment and facilities.
- 6 I will come to practices on time, prepared to work hard and to participate in all activities to my best ability.
- 7 If I must miss a practice or a game, I will contact the team coach (or his/her designate) in advance.
- 8 I will abide by and be subject to the club's Code of Conduct, which in addition to the above, also includes my agreement to the following principles in connection with my participation as a member of the OFVC:
 - to embody the principles of fair play
 - to be alcohol and drug free ('recreational' and performance enhancing) and to encourage others to be alcohol/drug free
 - to be ethical
 - to strive for excellence, but not a win at all costs attitude
 - to adhere to training programs / to encourage others to adhere to training programs
 - to act as role models and ambassadors of the club
 - to act in a responsible manner
 - to be honest and respectful for the law
 - to respect the rights and property of others

Player's Name (please print): _____ Team: _____ Date: _____

Signature: _____



PLAYER PROFILE FORM 2009-2010

Please provide only information that you and your parents are comfortable being shared with media, on the Ottawa Fusion Volleyball Club (OFVC) website, or for other promotional purposes.

NAME: CITY OF BIRTH:

EXPECTED YEAR OF HS GRADUATION: HIGH SCHOOL (for internal use only):

POSITIONS: HITS (L or R): HEIGHT (barefoot, cms & inches):

VOLLEYBALL RESUME (club(s), club/school awards, camps – most recent to least):

AS AN EXAMPLE:

Member, Ottawa Kangaroos VC, 2006-2009

Recipient, Most Valuable Player Award, ROOS 16U Girls, 2008

Winner, HS Most Valuable Player Award, 2008

Recipient, OVA Award of Excellence, ROOS 15U Girls, 2007

Participant, Gee-Gees Dig This Camp, 2006-2008

Member, Kingston Pegasus VC, 2005-06

VOLLEYBALL GOALS:

LIFE GOALS:

FAVE VOLLEYBALL MOMENT:

FAVE MOVIES:

FAVE MUSIC:

FAVE THINGS:

ROLE MODEL(S):



FUSION PARENT POWER 2009-2010

To deliver a quality Fusion experience to your child takes the effort of volunteers. Parents need to get involved! And it most often is rewarding, for you as well as your player. Involvement can happen on a club-wide basis, or at your child's team level. There's something for everyone. Please let us know in what area you are interested in helping. Please (☑) check all roles that interest you!!

Athlete's Name: _____ Home Phone: _____ Team: _____
Parent or guardian 1: _____ Cell Phone: _____ Email: _____ Profession: _____
Parent or guardian 2: _____ Cell Phone: _____ Email: _____ Profession: _____

AT THE CLUB LEVEL

Parent or
Guardian

#1 #2

- Facilities coordinator, applying for gym access
- Yearbook editors
- Web page assistance (gatherers of info, possible posting within existing templates)
- Special events (i.e. year end banquet, tryouts, kick-off)
- College/university recruitment (handling queries, educating players and parents)
- Sponsorship
- Fundraising
- Media, generating coverage and interest
- Club merchandise (outside the standard uniform package)
- Registration (OVA membership, teams' tournament registrations)
- Alumni relations
- Coach professional development activities – organizing
- Team communications
- Hosting (efforts to bring OVA tournaments to Ottawa)

AT THE TEAM LEVEL

Parent or
Guardian

#1 #2

- Serve as a team manager, towards ensuring the tasks below are collectively delivered by the team's parent group
- Take and submit digital photos at your child's tournaments
- Write and submit a web article within 3 days of your child's tournament
- Report all match scores after each tournament to the club results coordinator
- Serve as a lines person at games/tournaments
- Serve as a scorekeeper at provincials, nationals and other events where the team is required to supply such
- Organize a team fundraising activity
- Solicit sponsors or donors for the team
- Serve as one of the team's treasurers (open a team bank account, create and manage the team's budget)
- Organize travel and/or accommodation arrangements for a tournament(s)
- Assist with tournament hosting that the team may be assigned to (i.e. canteen, facility, recruit scorekeepers)
- Drive to tournaments, car pooling with other players/coaches
- Coordinate order for any possible additional team clothing the team may want to pursue (i.e. bags)
- Organize team social gatherings (i.e. team building, Christmas or year-end party, extra tickets to the OFVC year end banquet)
- Assist with team communications (i.e. contact lists, WIKI planner, conveying information)
- Organize needed thank you gifts (i.e. to sponsors, donors, coaches)
- Maintaining the team's trainer's/med kit (replenish contents as needed via club contact)

OTHER

Please let us know if there are any other areas in which you could help the club or team.

For more information, contact Dan Wolfenden at dwolfenden@rogers.com