

# 2005-06 ONLINE REGISTRATION INSTRUCTIONS FOR NEW MEMBERS

## If you are registering for the first time: (Join Volleyball)

### Screen #1

Complete personal information. Certain fields are required. Pay special attention to the correct Date of Birth for Junior Players being registered. This will generate the correct level of play for them and cannot be changed (except by region admin) once the application has been confirmed. Once all information has been entered and verified, click Continue at the bottom of the screen.

Join Bayou Region Volleyball

Fields marked with an \* are required.

**Member Information**

\* Name: Sal. Test Aigroup Jr \* Email: anyone@anyone.net

Nickname:

Maiden Name:

Former Name:

\* Address: 123 Main Street

Address 2:

Address 3:

\* City: Anywhere

\* State: Colorado

\* Zip: 80910 -

\* Country: United States

Home Ph:

Work Ph:

Mobile Ph:

Fax:

\* Gender: Male

\* Birth Date, (mm/dd/yyyy): 08/20/1990

\* Current Grade: (Juniors only) 10th Grade

Level Of Play, (adult): -Select One-

**NOTE - Select UA for all Non-Players**

USA Volleyball is committed to diversity. The information below is used to report aggregate data to the United States Olympic Committee. Your responses are voluntary.

Race/Ethnicity: None Indicated

Are you:  
 Hearing impaired/deaf (for USA Deaflympic Talent ID)  
 Disabled Physically (for Paralympic Talent ID)

Continue

### Screen #2

1) If you know the club you are playing for, click on the drop down menu on the upper right side of the screen and select the appropriate club. If you are an Official Only, you may select the "club" OFFICIALS. If you are unsure at this time, you may leave it as UNDECIDED.

2) Select the Membership type for the person being registered. Membership options are available based on your birthday.

A. Junior members have the options of:

1. Junior Membership (\$50) or
2. Junior Outdoor Membership (\$20).

**NOTE:** Junior Memberships must also enter a Parent or Guardian in the appropriate section.

B. For Adult Members, you have the options of:

1. Adult Affiliated with a Junior Program (\$50), (Anyone affiliated with a Junior Club Program such as a Club Director, Coach, Asst Coach, Chaperone, Etc. should select this option)

2. Adult Membership (\$30) (Usually just Adult players and Officials)
3. Adult Outdoor Membership (\$20)
4. One Event Membership (\$20).

3) Select Participation Role(s). Click ALL that apply for the upcoming season. For adults, this would include any position in a Junior club section (will require background screening) AND/OR Adult sections. Additional forms will be generated by clicking the appropriate Participation Role(s).

4) Click Submit at the bottom of the page.

Member Information >> **Membership Options** >> Confirm

**Join Bayou Region Volleyball**

**Member Information**

<b>Name:</b>	Aigroup Jr, Test	<b>Club:</b>	UNDECIDED
<b>Address:</b>	123 Main Street Anywhere, CO 80910 United States	<b>Email:</b>	anyone@anyone.net
		<b>Gender:</b>	Male
		<b>Birth Date:</b>	8/20/1990
		<b>* Current Grade:</b>	10th Grade
		<b>(Juniors only)</b>	H.S. Grad Yr: 2008
		<b>Level Of Play:</b>	J6

Membership Type	Price	Description
<input checked="" type="radio"/> Junior	\$50.00	
<input type="radio"/> Outdoor	\$20.00	
<input type="radio"/> One Day Event	\$20.00	Membership valid only for Date indicated

**Parent/Guardian Information**

Please enter your Parent or Guardian's name:

\* First:  First:

\* Last:  Last:

Please enter your Parent or Guardian's email address:

Email:  Email:

**USAV Participant Information**

I will be participating this season in the role(s) selected below.

**Bayou Region Volleyball**

**Bayou Region Volleyball Association of USA Volleyball**

**Applicant's Name:** Test, Aigroup Jr  
**Club Name:** UNDECIDED  
**Applicant's Address:** 123 Main Street, Anywhere, CO 80910, United States  
**Applicant's Email:** anyone@anyone.net

**Background Screening:**

1. Have you ever completed a background screening form for this organization?

2. If you have, please provide the date of your most recent background screening.

**Background Screening:**

1. I have never completed a background screening form for this organization.

2. I have completed a background screening form for this organization on [Date].

**Background Screening:**

1. I have completed a background screening form for this organization on [Date].

2. I have completed a background screening form for this organization on [Date].

**Background Screening:**

1. I have completed a background screening form for this organization on [Date].

2. I have completed a background screening form for this organization on [Date].

**NOTE:** If you selected any option in the Junior Program Roles section and DID NOT HAVE A BACKGROUND SCREENING COMPLETED **LAST YEAR**, you will get a Background screening page to complete. The information will be sent directly to the background screening company over a secure connection. If you do not want the personal information on this form to be sent over the secure connection, you may print it at the

end of the membership application process, complete it and mail to the office. By choosing to mail the form to the office, it will add considerable time to your background screening process.

### Screen #3

This screen will offer one last chance to verify all information that has been entered. If something needs to be changed, click on the EDIT button of that section. Once everything is correct, you must read and check the box in the Use Agreement section at the bottom of the page, then click Confirm. The system will again ask you if you want to submit and you will click OK to confirm your Membership Application.

member information >> Membership Options >> Background Screening >> **Confirm**

#### Join Bayou Region Volleyball

Please confirm the information below before submitting this application.

#### Membership Information

Membership Information

**Membership Type:** Junior  
**Membership Dates:** 10/20/2005 - 10/31/2006  
**Membership Price:** \$50.00

High Performance Donation, (\$5.00)  
 Extended Official's Insurance, (\$6.85)

**Total Amount Due:** **\$50.00**

#### Member Information

Member Information

* Name:	Test Aigroup Jr	* Email:	anyone@anyone.net
Nickname:		<b>The personal information that you provide to apply for membership, subscribe to our magazine or on-line newsletter, to purchase items from us, or to register as a user of our site is used within the USA Volleyball National Office to provide the services that we offer to you. For more information visit our complete <a href="#">privacy statement</a>.</b>	
Maiden Name:		Home Ph:	
Former Name:		Work Ph:	
* Address:	123 Main Street	Mobile Ph:	
Address 2:		Fax:	
Address 3:		* Gender:	Male
* City:	Anywhere	* Birth Date, (mm/dd/yyyy):	8/20/1990
* State:	Colorado	* Current Grade:	(Juniors only)
* Zip:	80910 -	Level Of Play, (adult):	
* Country:	United States	<b>NOTE - Select UA for all Non-Players</b>	

USA Volleyball is committed to diversity. The information below is used to report aggregate data to the United States Olympic Committee. Your responses are voluntary.

**Race/Ethnicity:**

Are you:  
Hearing impaired/deaf: **No**  
Disabled Physically: **No**

#### Parent/Guardian Information

Please enter your Parent or Guardian's name:

* First:	Test	First:	
* Last:	Aigroup	Last:	

Please enter your Parent or Guardian's email address:

Email:	anyone@anyone.net	Email:	
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#### Correspondence Information

To opt out, UNCHECK the box next to the correspondence item you wish to be removed from.

Please send electronic communications from USA Volleyball about new features or services.  
 I would like to receive mailings from companies USA Volleyball feels would be of interest to me.

#### Use Agreement

I agree that I will be affiliated with the above-named team (unaffiliated members & Coed excepted) for the current sanctioned season. I agree to allow USA Volleyball to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me.

I Agree \*

Internet

## Screen #4

This screen confirms your Membership Application and includes your username and password. You may print a copy of this page and keep it in a secure location for your records. At this time, print any forms listed at the bottom of this screen. These forms might include the Waiver and Release of Liability, Coaches Code of Ethics, Background Screening confirmation, etc. Print all forms listed, sign in the appropriate place(s) and give them to your Club Director. For Officials and Adult PLAYERS ONLY, send the form(s) to the regional office along with your registration dues or give them to the Tournament Director at the first tournament you play in the season.

[Click Here](#) for a printer friendly version.

**Membership Application Confirmation and Membership Application Information**

Please print this confirmation and take it to your Club Director, along with other forms listed below. All forms must be signed and dated. Your membership will be approved by the region, upon receipt of your completed forms from the Club Director.

[Click Here](#) to return to the Bayou Region website.

**Applicant Information**

Member:	Test Aigroup Jr
Contact ID:	1314579
Membership Status:	Unpaid
Registration Date:	10/20/2005
Expiration Date:	10/31/2006
Region:	Bayou Region
Birth Date:	8/20/1990

**Region Membership Fee**

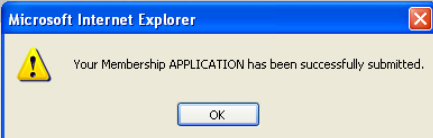
Membership Type:	Junior
Membership Dates:	10/20/2005 - 10/31/2006
Membership Price:	\$50.00
<b>Total Amount Due:</b>	<b>\$50.00</b>

**Login Information** [Click Here to Login](#)

UserName:	anyone@anyone.net_1
Password:	aig81990

\*NOTE - All Passwords are case sensitive!

**Before your membership can be activated:**  
Print out the required documents below by clicking on the document links.





**Total Amount Due:** \$50.00

**Login Information** [Click Here to Login](#)

UserName:	anyone@anyone.net_1
Password:	aig81990

\*NOTE - All Passwords are case sensitive!

**Before your membership can be activated:**  
Print out the required documents below by clicking on the document links.

-  [Waiver & Code of Conduct Form](#)
-  [Medical Release Form](#)

**Additional Information:**

[Click Here](#) for a printer friendly version.

**Thanks for joining the Bayou Region Volleyball Association.**