

NCR JUNIOR REGISTRATION CHECKLIST 2009-10

**THIS CHECKLIST MUST BE COMPLETED AND SENT TO THE REGION OFFICE
ALONG WITH YOUR TEAM REGISTRATION.
INCOMPLETE REGISTRATIONS WILL BE RETURNED.**

Registration Forms:

- I have checked each individual registration form.
(This form is required for each person on the roster)
- Addresses are included
- Phone numbers are included
- Birth dates are included**
- Grade the players are in school is included
- Each form is signed by the participant in two (2) places.
- Parent/guardian of anyone under the age of 18 has signed the form in two (2) places.
- I have made a copy of each form for my records.

Team Roster Form:

- I have checked over the team roster form completely.
- Team rep's name and address is filled out at the top of the form.
- Team rep, coaches and players are all listed on the form.
- E-mail for Team Rep and any person 18 years and older
- I have placed a check in each box for each person whose entry fee I am enclosing.
- I have placed a check in each box for each person's registration form.
- If I am clubbing with another program or other teams, it is listed on the top.
- If any coaches are also players, I have marked that in the last column.
- All Chaperones must be at least 25 years old
- There is a roster form as a cover sheet for each team.**

Background Screening (All Adults associated with a junior team):

- I have enclosed the club contact sheet for each person (adult).
- I have enclosed the consent and wavier release form for each person (**Must include SSN**)

Payment:

- I have enclosed **one** check (or credit card form) for the entire registration.
This check (or credit card form) includes individual memberships for each team and the **team fees** for each team.

Medical History Form:

- I have kept all of the medical history forms to give to the coaches to keep with them at all times.
(Do not send them to the office.)

Underage Coach:

- I have enclosed an Underage Coach – Request for Waiver form for all coaches under the age of 21.

Application for Sanction of an Event:

- I have enclosed a form to have my practices sanctioned. (Optional)

RETURN ALL FORMS AND FEES TO:

**NORTH COUNTRY REGION/USA VOLLEYBALL
Attn: Ken Miller
14100 Hardy Lake Rd SW, Pillager, MN 56473-2224
Phone 952-831-9150/800-657-6967 ext. 2--www.ncrusav.org**