

2019 Volleyball BC Membership & Screening Disclosure Waiver Form

September 1, 2018 – August 31, 2019

All documents can be found at www.volleyballbc.org (Club Volleyball)

Last Name		First Name	
Date of Birth	(dd/mm/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			
City		Province	
Postal Code		Phone	
Athlete Email			

Athletes & Parents: *submit to Club Director*

I have read and understand:

1. Volleyball BC [Code of Conduct & Ethics](#): Athlete Initial: _____ Parent Initial: _____
2. Volleyball BC [Privacy Policy](#): Athlete Initial: _____ Parent Initial: _____
3. Volleyball BC [Recruiting Policy](#): Athlete Initial: _____ Parent Initial: _____

Coaches, Team Staff, Administrators (submit to Club Director) & Referees (submit to Glenn Wheatley):

I have read and understand:

1. Volleyball BC [Code of Conduct & Ethics](#): Initial: _____
2. Volleyball BC [Privacy Policy](#): Initial: _____
3. Volleyball BC [Recruiting Policy](#): Initial: _____
4. Volleyball BC [2019 Club Handbook](#): Initial: _____
5. Volleyball BC [Coach Education Policy](#): Initial: _____

I have completed the following:

1. Criminal Record Check (mandatory): Initial: _____

Screening Disclosure:

1. Have you ever been convicted of a criminal conviction or been sanctioned by an independent body (sport body, private tribunal, government agency, etc.) for which a pardon has not been granted?
Yes ____ (If yes, please fill out the full screening disclosure form)
No ____
2. Are criminal charges or any other charges, including those from a sport body, private tribunal or government agency, currently pending or threatened against you?
Yes ____ (If yes, please fill out the full screening disclosure form)
No ____
3. I agree to report any new activity, criminal or otherwise negative, that could negatively impact my position within Volleyball BC or any member club, or the reputation of such organizations, and will notify the Volleyball BC CEO and Club Director, within 24 hours of its occurrence. I acknowledge, failure to do so may result in my suspension from Volleyball BC or removal from any position in Volleyball BC or a club.

Initial: _____

By signing below I agree that the answers above are truthful, accurate, and complete.

(Screening Disclosure Form can be found here: <http://www.volleyballbc.org/wp-content/uploads/2018/07/Screening-Disclosure-Form-2019.pdf>)

WAIVER & INDEMNIFICATION: *Upon acceptance as a member of Volleyball BC (VBC) I agree to abide by the rules and procedures of VBC as approved through the By-Laws, Rules and Regulations of VBC. As a member of VBC I shall uphold the high standards of VBC and shall never do anything to damage the reputation of VBC. I understand and agree that VBC 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.*

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____ Phone: _____