

COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION

www.columbiaempirevolleyball.com

2010-2011 Individual Add Form

Club Name: _____ Team Name: _____ Date: _____

Team Rep: _____ Email: _____ Phone: _____

Hard Copy	Membership Confirmation	Code of Ethics	Fingerprints	Background Screening Form	IMPACT/ASEP Verification	Jersey Number (Not Required)	FULL NAME (Please Print: Last Name, First Name) List club director, coaches, and others first. List players in alphabetical order.	Please Circle One: D= Director, HC= Head Coach, AC= Assistant Coach, C=Chaperone P=Player,	Office Use Only
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(Shaded area for CEVA Office Use Only)

Players and/or coaches cannot replace other players and/or coaches. All new members must complete the online individual registration form and pay the appropriate fees. Coaches must also attach a signed Code of Ethics form, Background Screening Authorization and complete an Employment/Volunteer Disclosure Form or Fingerprints with payment. Please attach all paperwork with the Individual Add Form.

Individual Fees:

Adult Full Member (coaches/administrators)	_____	members @ \$50 = \$	_____
Junior Full Member (players only)	_____	members @ \$55 = \$	_____
Summer/Outdoor Membership (players/coaches/chaperones with teams only participating in summer events 5/1-10/31)	_____	members @ \$35 = \$	_____
Background Screening (good for two years)	_____	adults @ \$17.50 = \$	_____
Fingerprinting	_____	coaches @ \$70 = \$	_____

Check #: _____ TOTAL \$ _____

Signature Team Representative _____ Date _____

Office Use Only:

Invoice (Date/Number): _____ Webpoint: _____ Completed Date/Initial: _____