

New Adult Member Registration Instructions

1. Log on to www.evergreenregion.org. On the homepage click on NEW member link to Webpoint.

[JUNIORS](#) [ADULTS](#) [OUTDOOR](#) [OFFICIALS](#) [EVERGREEN REGION VOLLEYBALL ASSOCIATION](#) [CLUB DIRECTORS & COACHES](#) [SAFESPORT](#)



SAFESPORT

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Online Registration

The Evergreen Region Volleyball Association (ERVA) is organized to foster the development and growth of local, regional, and national volleyball competition in association with USA Volleyball. Whether you are a beginner or a player looking to continue improving your skills, there is a club out there for you!

To register for a USA Volleyball Membership please click on the appropriate link below.

[Previous Member Registration](#)

[New Member Registration](#)



1. Fill in the registration information and CLICK CONTINUE. Please ensure you use your LEGAL first name in the first box and any preferred first names in the box below.



EVERGREEN REGION USA VOLLEYBALL



Welcome to USA Volleyball's Membership Management System!

- USA VOLLEYBALL
- Join USA Volleyball
- Renew Membership
- Login
- Forgot Password
- Request A Login
- USAV & Region Events
- Support USA Volleyball

Member Information >> Membership Options >> Confirm

Join Evergreen Region Volleyball

Fields marked with an * are required.

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed/electronically accepted before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is not transferable from one person to another. Additional RVA requirements may apply.



Powered by
Webpoint

Member Information

* Member's Legal Name: Sal:

Preferred First Name:
(If different than Legal Name)

Maiden Name:

Former Name:

* Address:

Address (continued):

Address (continued):

* City:

* State:

* Zip: -

* Country:

* Email:

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 [privacy statement](#).

Home Ph:

Work Ph:

Mobile Ph:

Fax:

* Gender:

* Birth Date, (mm/dd/yyyy):

* Current Grade:
(Juniors only)

Level Of Play, (adult):

NOTE - Select UA for all Non-Players

Other Region Info:

* Race/Ethnicity:

USA Volleyball is committed to diversity. The information above is used to report aggregate data to the United States Olympic Committee. If you do not wish to supply this information, then please select 'I choose not to respond'.

Are you:

Hearing impaired/deaf (for USA Deaflympic Talent ID)

Disabled Physically (for Paralympic Talent ID)

Continue



2. 1. Choose the Club you are affiliated with.

2. Choose the Membership Type you want to register for. If you are unsure please ask the Club or the Region Office.

-Regular Adult Membership-**BACKGROUND SCREEN REQUIRED**-For Club Directors, Coaches, Adult Members working with Junior Members on a regular basis (practices, tournaments etc.)

- Chaperone Membership-**BACKGROUND SCREEN REQUIRED**- For adults who are going to be serving as a team chaperone for tournaments.

-Site Manager Membership-**BACKGROUND SCREEN REQUIRED**-For adults who need to register to be a Site Director for a tournament. (VALID for Dates Entered ONLY)

-All other Adult Memberships are for Adult Players.

-If you pay for an Adult Player membership and wish to upgrade to a Regular Adult...choose this option if you don't see it then please contact the office.

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

Join Evergreen Region Volleyball

Member Information

Name:	Johnson, joe	Club:	-Select One-	1
Address:	608 W 2nd Ave Spokane, WA 99201-4405 United States	Email:	office@evergreenregion.org	
		Gender:	Female	
		Birth Date:	10/15/1981	
		(32 as of 12/31/2013)		
		Level Of Play:	UA	

Membership Type	Price	
<input type="radio"/> ERVA - Regular Adult Membership Background screening required for this membership. No participation restriction.	\$60.00	2
<input type="radio"/> ERVA - Chaperone Membership Background screening required for this membership.	\$25.00	
<input type="radio"/> ERVA - Adult Player ONLY NO Junior Program Affiliation	\$35.00	
<input type="radio"/> ERVA - Collegiate Player For PLAYERS ONLY: You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year degree-granting university or college. If you are intending on participating in any capacity other than 'PLAYER', please use the 'Regular Adult' membership.	\$15.00	
<input type="radio"/> ERVA Adult Summer Membership Valid for Indoor and Outdoor Programs from May 1 - Oct. 31 of the current season.	\$15.00	5/1/2013 - 10/31/2013
<input type="radio"/> ERVA - Adult One-Day Event Membership Only valid for the date as indicated.	\$5.00	<input type="text"/>
<input type="radio"/> ERVA - Adult Multi-Day Tournament ONLY Use for one-event membership for multi-day tournaments (valid for a total of 5 days from the start date). Please enter start date of event.	\$15.00	<input type="text"/>

USAV Participant Information

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

Please select all that apply:

- **Junior Program Roles:**
Please note that by electing to participate in a Junior Program, you may be required to submit a background screening authorization. An additional fee of \$20.00 may apply.
 as a Club Director.
- as a Coach. **3**
- as a Chaperone.
- as a Team Representative.

3. Choose the role you will be having during the season. If you are not participating with a Junior or Adult Team than choose the Unaffiliated Roles.

Adults participating with Junior Teams will be required to submit a Background Screen!! (Chaperones, Coaches, Officials etc.)

4. CLICK SUBMIT

• **Unaffiliated Individual Roles and Interests:**

- I am an unaffiliated Adult.
 - I am interested in officiating at Adult Tournaments, (either as a scorer or referee).
(By electing to officiate in an Adult Program, you may be required to submit a background screening authorization.)
 - I am interested in officiating at Junior's Tournaments, (either as a scorer or referee).
(By electing to officiate in a Junior Program, you will be required to submit a background screening authorization.)
 - I am interested in directing Adult Tournaments.
 - I am interested in directing Junior Tournaments.
(By electing to direct tournaments in a Junior Program, you may be required to submit a background screening authorization.)
- I am a PAVO official.

This address may not be valid.

The Apt or Suite number is missing or incorrect.

Submit

4

4. Verify you are using your LEGAL Name and have entered the correct Birthdate. Enter Social Security Number to process Background Screening. CLICK CONTINUE AND PROCESS BACKGROUND SCREENING.

Member Information >> Membership Options >> Background Screening >> Confirm

Join Evergreen Region Volleyball

You have selected a membership that is affiliated with a Junior Program.

You are required to complete and submit this form.

BACKGROUND SCREENING FOR NON-US CITIZEN

IF YOU ARE a Non-US citizen WITH a social security number may proceed by completing the online application below.

IF YOU ARE a non-US citizen WITHOUT a social security number you CAN NOT process your screening through this system. [CLICK HERE](#) to print the Non-US Citizen Background Screening form and submit it to YOUR REGION.

Evergreen Region Volleyball Association of USA Volleyball

Evergreen Region
608 W 2nd Ave Ste 303
Spokane, WA 99201
Ph:509-290-5552 Fax:509-290-5318

Background Screening Form

Applicant's Name: joe Johnson

Club Name: -UNDECIDED-

Applicant's Present Address:

608 W 2nd Ave

City: Spokane State: WA Zip: 99201 - 4405

Date of Birth: 10/15/1981

Social Security Number: []-[]-[]

BACKGROUND SCREENING RELEASE

Hard copy of Background Screening Form on file at the Region Office.

I hereby release and hold harmless USA Volleyball, their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, **Joe Johnson**, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

Social Security Number Verification, Criminal background records/information, Drivers license check and Addresses.

I authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. Further, I understand that it is the policy of this organization that any member who participates with junior members in any capacity, including supervisory personnel, club directors, team representatives, coaches, chaperones and trainers shall submit to a background screen immediately upon application for registration and every two years thereafter as long as that individual is a registered member.

Name: **joe Johnson** Date: 6/5/2013

DISQUALIFIERS

I understand that disqualification from all junior events and/or activities will result if I have been found guilty, pled guilty; or pled nolo contendere for All Sex offenses regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offences in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes against children.

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or denial of membership.

A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

Name: **joe Johnson** Date: 6/5/2013

Continue and Process Background Screening

1. Verify all the information...CLICK EDIT if you need to make any changes.

Member Information >> Membership Options >> Background Screening >> **Confirm**

Join Evergreen Region Volleyball

Please confirm the information below before submitting this application.

Membership Information

Membership Information

Membership Type: ERVA Junior Summer Membership
Membership Dates: 5/1/2013 - 10/31/2013
Membership Price: \$15.00
 High Performance Donation, (\$5.00)
 I would like to subscribe to USA Volleyball Magazine, (\$2.50)

Total Amount Due: **\$15.00**

Member Information

* Member's Legal Name:	Julie Smith	* Email:	office@evergreenregion.org
Preferred First Name: (If different than Legal Name)		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 privacy statement .	
Maiden Name:		Home Ph:	
Former Name:		Work Ph:	
* Address:	608 W 2nd Ave	Mobile Ph:	
Address (continued):	Ste 301	Fax:	
Address (continued):		* Gender:	Female
* City:	Spokane	* Birth Date, (mm/dd/yyyy):	10/15/2000
State:	WA	* Current Grade: (Juniors only)	8th Grade
Zip:	99201 -	Level Of Play:	J2
Country:	United States	Are you: Hearing impaired/deaf: No Disabled Physically: No	

* Race/Ethnicity: I Choose not to respond

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: Joe First:
* Last: Smith Last:

Parent or Guardian's email address:

* Email: office@evergreenregion.org Email:
A copy of the Membership Confirmation will be sent to this address.

1. Check or uncheck boxes regarding the email correspondence you would like to receive from USAV and/or the Region.
2. Using the drop down bar choose either Credit Card to pay now or UNPAID if the Club is paying for the membership. They will have to contact the office to pay for the membership separately.
3. If not leave it on the Credit Card information and enter it here.
4. Open and read the Waiver, Code of Conduct AND Junior Club Personnel carefully...check the box once you have done so.
5. Click Confirm...you are DONE!!

Questions: email-office@evergreenregion.org or call 509-290-5552

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. ← 1

I would like to receive mailings from companies USA Volleyball feels would be of interest to me.

Please send electronic communications from my Region about new features or services.

Interested in Officiating For Pay

Payment Information

* Credit Card Type: Select One ↓ 2 →

* Credit Card Number: [input] ← 3

* Security Code (Locate): [input]

* Expiration: MM ↓ / YYYY ↓

* Name On Credit Card: [input]

USAV Waiver Information

We have received all of the forms below:

- [USAV Waiver & Release of Liability](#) ← 4
- [USAV Participant Code of Conduct](#)
- [USAV Junior Club Personnel Code of Ethics](#)
- [USAV Use Agreement](#)

Confirm ← 5

Previous Adult Member Registration Instructions

1. Log on to www.evergreenregion.org. On the homepage click on PREVIOUS member link to Webpoint.

JUNIORS ADULTS OUTDOOR OFFICIALS CLUB DIRECTORS & COACHES SAFESPORT



SAFESPORT

Where your game plan starts

SafeSport

Learn More & Take the Training

See more discounts »



Online Registration

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To register for a USA Volleyball Membership please click on the appropriate link below.



Previous Member Registration

New Member Registration

2. Log-In to your Webpoint account. If you forgot your username or password please contact the Region Office for assistance. OFFICE@EVERGREENREGION.ORG.



USA VOLLEYBALL



Welcome to USA Volleyball's Membership Management System!

- USA VOLLEYBALL
- Join USA Volleyball
- Renew Membership
- Login
- Forgot Password
- Request A Login
- USAV & Region Events
- Support USA Volleyball



Browser Cookies must be enabled to view USA Volleyball membership information.
[Click Here](#) for information on how to enable cookies.

USA Volleyball - Webpoint Membership Management Login

User Name

Password

* NOTE - Passwords are case sensitive.

Log In

NOTICE!
This is a secure website area restricted to authorized users only.
All user activity in this area is monitored and unauthorized access attempts will be prosecuted.

(For questions regarding this system, please contact the System Administrator.)
usav_Admin@ai-group.com

3. Once you are logged in to your account click on the top to begin the membership renewal.



EVERGREEN REGION USA VOLLEYBALL



Welcome Emily to the Members' Only area of USA Volleyball!

- MEMBER HOME
- Member Area
- USAV & Region Events
- Region Coaching Clinics
- Region Ref/Score Clinics
- Club Tryouts
- Region HP Tryouts
- Region Athlete Showcases
- Other Region Events
- USAV Coaching Clinics
- USAV Ref/Score Clinics
- CLUB ADMINISTRATION
- My Club
- Support USA Volleyball

Thank you for logging in!
Welcome to the Members Only Area of the USA Volleyball web site!
TO APPLY FOR YOUR MEMBERSHIP ONLINE [CLICK HERE](#)

Please use the following links as needed to print copies for your files and/or to meet region requirements.

- Background Screening Release
- USAV Junior Club Personnel Code of Ethics
- USAV Waiver & Release of Liability; USAV Participant Code of Conduct; Use Agreement
- Chaperone Information
- ✓ Player Information
- ✓ Club Director Information



4. Verify all the personal information is correct or make any necessary changes. Please ensure you have your LEGAL name in the first box and preferred name below. Please include email or phone numbers for the Region Office to contact you if needed. Click CONTINUE.

Member Information >> Membership Options >> Confirm

Join Evergreen Region Volleyball

Find Member

Member ID: - OR - Choose Contact: [Add](#) | [Clear](#)

Fields marked with an * are required.

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed/electronically accepted before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is not transferable from one person to another. Additional RVA requirements may apply.

Member Information

* Member's Legal Name: Sal: J Smith

Preferred First Name:
(If different than Legal Name)

Maiden Name:

Former Name:

Skip Address Validation

* Address: 1234 W 1st Ave

Address (continued):

Address (continued):

* City: Spokane

* State: Washington

* Zip: 99201 -

* Country: United States

* Email: jsmith@gmail.com

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 [privacy statement](#).

Home Ph:

Work Ph:

Mobile Ph:

Fax:

* Gender: Female

* Birth Date, (mm/dd/yyyy): 10/1/1979

* Current Grade: -Select One-

(Juniors only)

Level Of Play, (adult): UA

NOTE - Select UA for all Non-Players

Other Region Info:

* Race/Ethnicity: Choose not to respond

USA Volleyball is committed to diversity. The information above is used to report aggregate data to the United States Olympic Committee.

If you do not wish to supply this information, then please select 'I choose not to respond'.

Are you:

Hearing impaired/deaf (for USA Deaflympic Talent ID)

Disabled Physically (for Paralympic Talent ID)



Continue

1. Choose the Club you are affiliated with.

2. Choose the Membership Type you want to register for. If you are unsure please ask the Club or the Region Office.

-Regular Adult Membership-**BACKGROUND SCREEN REQUIRED**-For Club Directors, Coaches, Adult Members working with Junior Members on a regular basis (practices, tournaments etc.)

- Chaperone Membership-**BACKGROUND SCREEN REQUIRED**- For adults who are going to be serving as a team chaperone for tournaments.

-Site Manager Membership-**BACKGROUND SCREEN REQUIRED**-For adults who need to register to be a Site Director for a tournament. (VALID for Dates Entered ONLY)

-All other Adult Memberships are for Adult Players.

-If you pay for an Adult Player membership and wish to upgrade to a Regular Adult...choose this option if you don't see it then please contact the office.

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

Join Evergreen Region Volleyball

Member Information

Name:	Johnson, joe	Club:	<input type="text" value="-Select One-"/>	1
Address:	608 W 2nd Ave Spokane, WA 99201-4405 United States	Email:	office@evergreenregion.org	
		Gender:	Female	
		Birth Date:	10/15/1981	
		(32 as of 12/31/2013)		
		Level Of Play:	UA	

Membership Type	Price	2	
<input type="radio"/> ERVA - Regular Adult Membership Background screening required for this membership. No participation restriction.	\$60.00		
<input type="radio"/> ERVA - Chaperone Membership Background screening required for this membership.	\$25.00		
<input type="radio"/> ERVA - Adult Player ONLY NO Junior Program Affiliation	\$35.00		
<input type="radio"/> ERVA - Collegiate Player For PLAYERS ONLY. You must be enrolled as an undergraduate student or graduate student at a 2-year or 4-year degree-granting university or college. If you are intending on participating in any capacity other than 'PLAYER', please use the 'Regular Adult' membership.	\$15.00		
<input type="radio"/> ERVA Adult Summer Membership Valid for Indoor and Outdoor Programs from May 1 - Oct. 31 of the current season.	\$15.00		5/1/2013 - 10/31/2013
<input type="radio"/> ERVA - Adult One-Day Event Membership Only valid for the date as indicated.	\$5.00		<input type="text"/>
<input type="radio"/> ERVA - Adult Multi-Day Tournament ONLY Use for one-event membership for multi-day tournaments (valid for a total of 5 days from the start date). Please enter start date of event.	\$15.00		<input type="text"/>

USAV Participant Information

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

Please select all that apply:

- **Junior Program Roles:**
Please note that by electing to participate in a Junior Program, you may be required to submit a background screening authorization. An additional fee of \$20.00 may apply.
 as a Club Director. 3
 as a Coach.
 as a Chaperone.
 as a Team Representative.
- **Adult Team Roles:**
 as a Player.
 as a Coach.
 as a Team Representative.

3. Choose the role you will be having during the season. If you are not participating with a Junior or Adult Team than choose the Unaffiliated Roles.

Adults participating with Junior Teams will be required to submit a Background Screen!! (Chaperones, Coaches, Officials, Club Directors, Site Managers, Team Manager, Athletic Trainer, etc.) Background Screens are good for two seasons...you may not need one if yours is current from the year before.

4. CLICK SUBMIT

- **Unaffiliated Individual Roles and Interests:**
 - I am an unaffiliated Adult.
 - I am interested in officiating at Adult Tournaments, (either as a scorer or referee).
(By electing to officiate in an Adult Program, you may be required to submit a background screening authorization.)
 - I am interested in officiating at Junior's Tournaments, (either as a scorer or referee).
(By electing to officiate in a Junior Program, you will be required to submit a background screening authorization.)
 - I am interested in directing Adult Tournaments.
 - I am interested in directing Junior Tournaments.
(By electing to direct tournaments in a Junior Program, you may be required to submit a background screening authorization.)
- I am a PAVO official.

This address may not be valid.

The Apt or Suite number is missing or incorrect.

Submit

4

5. (This screen will come up if you need to renew your background screen.) Verify you are using your LEGAL Name and have entered the correct Birthdate. Enter Social Security Number to process Background Screening. CLICK CONTINUE AND PROCESS BACKGROUND SCREENING.

Member Information >> Membership Options >> **Background Screening** >> Confirm

Join Evergreen Region Volleyball

You have selected a membership that is affiliated with a Junior Program.

You are required to complete and submit this form.

BACKGROUND SCREENING FOR NON-US CITIZEN

IF YOU ARE a Non-US citizen WITH a social security number may proceed by completing the online application below.

IF YOU ARE a non-US citizen WITHOUT a social security number you CAN NOT process your screening through this system. [CLICK HERE](#) to print the Non-US Citizen Background Screening form and submit it to YOUR REGION.

Evergreen Region Volleyball Association of USA Volleyball

Evergreen Region
608 W 2nd Ave Ste 303
Spokane, WA 99201
Ph:509-290-5552 Fax:509-290-5318

Background Screening Form

Applicant's Name: joe Johnson

Date of Birth: 10/15/1981

Club Name: -UNDECIDED-

Social Security Number: - -

Applicant's Present Address:

608 W 2nd Ave

City: Spokane State: WA Zip: 99201 - 4405

BACKGROUND SCREENING RELEASE

Hard copy of Background Screening Form on file at the Region Office.

I hereby release and hold harmless USA Volleyball, their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, **joe Johnson**, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

Social Security Number Verification, Criminal background records/information, Drivers license check and Addresses.

I authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. Further, I understand that it is the policy of this organization that any member who participates with junior members in any capacity, including supervisory personnel, club directors, team representatives, coaches, chaperones and trainers shall submit to a background screen immediately upon application for registration and every two years thereafter as long as that individual is a registered member.

Name: **joe Johnson** Date: **6/5/2013**

DISQUALIFIERS

I understand that disqualification from all junior events and/or activities will result if I have been found guilty, pled guilty; or pled nolo contendere for All Sex offenses regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offences in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes against children.

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or denial of membership.

A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

Name: **joe Johnson** Date: **6/5/2013**

Continue and Process Background Screening


1. Verify all the information...CLICK EDIT if you need to make any changes.

Member Information >> Membership Options >> Background Screening >> **Confirm**

Join Evergreen Region Volleyball


Please confirm the information below before submitting this application.

Membership Information

[edit](#) Membership Information 

Membership Type: ERVA Junior Summer Membership
Membership Dates: 5/1/2013 - 10/31/2013
Membership Price: \$15.00
 High Performance Donation, (\$5.00)
 I would like to subscribe to USA Volleyball Magazine, (\$2.50)

Total Amount Due: **\$15.00**

[edit](#) Member Information 

* Member's Legal Name:	Julie Smith	* Email:	office@evergreenregion.org
Preferred First Name: (If different than Legal Name)		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 privacy statement .	
Maiden Name:		Home Ph:	
Former Name:		Work Ph:	
* Address:	608 W 2nd Ave	Mobile Ph:	
Address (continued):	Ste 301	Fax:	
Address (continued):		* Gender:	Female
* City:	Spokane	* Birth Date, (mm/dd/yyyy):	10/15/2000
State:	WA	* Current Grade: (Juniors only)	8th Grade
Zip:	99201 -	Level Of Play:	J2
Country:	United States	Are you: Hearing impaired/deaf: No Disabled Physically: No	

* Race/Ethnicity: I Choose not to respond

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: Joe First:
* Last: Smith Last:

Parent or Guardian's email address:

* Email: office@evergreenregion.org Email:
A copy of the Membership Confirmation will be sent to this address.

1. Check or uncheck boxes regarding the email correspondence you would like to receive from USAV and/or the Region.
2. Using the drop down bar choose either Credit Card to pay now or UNPAID if the Club is paying for the membership. They will have to contact the office to pay for the membership separately.
3. If not leave it on the Credit Card information and enter it here.
4. Open and read the Waiver, Code of Conduct AND Junior Club Personnel carefully...check the box once you have done so.
5. Click Confirm...you are DONE!!

Questions: email-office@evergreenregion.org or call 509-290-5552

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. ← 1

I would like to receive mailings from companies USA Volleyball feels would be of interest to me.

Please send electronic communications from my Region about new features or services.

Interested in Officiating For Pay

Payment Information

* Credit Card Type: Select One ↓ 2 →

* Credit Card Number: [input] ← 3

* Security Code (Locate): [input]

* Expiration: MM ↓ / YYYY ↓

* Name On Credit Card: [input]

USAV Waiver Information

We have received all of the forms below:

- [USAV Waiver & Release of Liability](#) ← 4
- [USAV Participant Code of Conduct](#)
- [USAV Junior Club Personnel Code of Ethics](#)
- [USAV Use Agreement](#)

Confirm ← 5

New Junior Member Registration Instructions

1. Log on to www.evergreenregion.org. On the homepage click on NEW member link to Webpoint.

JUNIORS ADULTS OUTDOOR OFFICIALS EVERGREEN REGION VOLLEYBALL ASSOCIATION CLUB DIRECTORS & COACHES SAFESPORT



SAFESPORT

Where your game plan starts

SafeSport

Learn More & Take the Training

See more discounts »



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Welcome to USA Volleyball's Membership Management System!

- USA VOLLEYBALL
- Join USA Volleyball
- Renew Membership
- Login
- Forgot Password
- Request A Login
- USAV & Region Events
- Support USA Volleyball

[Member Information](#) >> [Membership Options](#) >> [Confirm](#)

Join Evergreen Region Volleyball

Fields marked with an * are required.

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed/electronically accepted before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is not transferable from one person to another. Additional RVA requirements may apply.



Powered by
Webpoint

Member Information

* Member's Legal Name:	Sal: <input type="text"/>	* Email:	<input type="text"/>
Preferred First Name:	<input type="text"/>	<p>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 privacy statement.</p>	
(If different than Legal Name)	<input type="text"/>		
Maiden Name:	<input type="text"/>		
Former Name:	<input type="text"/>		
* Address:	<input type="text"/>		
Address (continued):	<input type="text"/>		
Address (continued):	<input type="text"/>		
* City:	<input type="text"/>		
* State:	Select State <input type="text"/>		
* Zip:	<input type="text"/> - <input type="text"/>		
* Country:	United States <input type="text"/>		
Home Ph:	<input type="text"/>		
Work Ph:	<input type="text"/>		
Mobile Ph:	<input type="text"/>		
Fax:	<input type="text"/>		
* Gender:	Select One <input type="text"/>		
* Birth Date, (mm/dd/yyyy):	<input type="text"/>		
* Current Grade:	Select One <input type="text"/>		
(Juniors only)			
Level Of Play, (adult):	UA <input type="text"/>		

NOTE - Select UA for all Non-Players

Other Region Info:

* Race/Ethnicity: None Indicated

USA Volleyball is committed to diversity. The information above is used to report aggregate data to the United States Olympic Committee.

If you do not wish to supply this information, then please select 'I choose not to respond'.

Are you:

- Hearing impaired/deaf (for USA Deaflympic Talent ID)
- Disabled Physically (for Paralympic Talent ID)

Continue

3. **1. Choose the Club you are affiliated with...**if you are purchasing a **Tryout Membership leave this as UNDECIDED** you will change it after they have made a team.

2. Choose the Membership Type you want to register for. If you are unsure please ask the Club or the Region Office.

- Junior Girls Membership-full season membership (required for club teams participating in tournaments)
- Practice Player ONLY Membership- NOT allowed to play in tournaments...practice or scrimmage player only.
- Scrimmage ONLY- YOUTH- 12 and Under Players NOT participating in tournaments.
- Junior Tryout Membership- Good for Region Tryouts ONLY.
- Upgrade to Full Junior Membership-Upgrade to Full Junior Member after purchasing the Tryout Membership.

3. Enter Parent/Guardian Information...CLICK SUBMIT.

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

Join Evergreen Region Volleyball

edit Member Information

Name:	Smith, Julie	Club:	-UNDECIDED-
Address:	608 W 2nd Ave Ste 301 Spokane, WA 99201 United States	Email:	office@evergreenregion.org
		Gender:	Female
		Birth Date:	10/15/2000
		* Current Grade:	8th Grade
		(Juniors only)	H.S. Grad Yr: 2017
		Level Of Play:	J2

1

Membership Type	Price	
<input type="radio"/> ERVA - Regular - Junior Girls Membership	\$60.00	
<input type="radio"/> ERVA - Practice Player ONLY Membership For Practice only. Not eligible for tournament play.	\$25.00	
<input type="radio"/> ERVA - Scrimmage ONLY - Youth (12 & Under) For Scrimmage/practice only. Not eligible for tournament play.	\$25.00	
<input type="radio"/> ERVA Junior Summer Membership For Indoor and Outdoor Programs from May 1 - Oct. 31 of the current season.	\$15.00	5/1/2013 - 10/31/2013
<input type="radio"/> ERVA - Junior - One-Day Event Membership Please indicate the date of the event in the appropriate box.	\$5.00	

2

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: **3**

* Last:

Parent or Guardian's email address:

* Email: A copy of the Membership Confirmation will be sent to this address.

USAV Participant Information

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

Areas Of Interest & Preferences

Please indicate preferences below.

In addition to PLAYING I am interested in

Coaching

Officiating

submit

←

4. Verify all the information...CLICK EDIT if you need to make any changes.

Member Information >> Membership Options >> Background Screening >> **Confirm**

Join Evergreen Region Volleyball

Please confirm the information below before submitting this application.

Membership Information

[edit](#) Membership Information

Membership Type: ERVA Junior Summer Membership
Membership Dates: 5/1/2013 - 10/31/2013
Membership Price: \$15.00
 High Performance Donation, (\$5.00)
 I would like to subscribe to USA Volleyball Magazine, (\$2.50)

Total Amount Due: **\$15.00**

[edit](#) Member Information

* Member's Legal Name:	Julie Smith	* Email:	office@evergreenregion.org
Preferred First Name: <small>(If different than Legal Name)</small>		<small>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 privacy statement.</small>	
Maiden Name:		Home Ph:	
Former Name:		Work Ph:	
* Address:	608 W 2nd Ave	Mobile Ph:	
Address (continued):	Ste 301	Fax:	
Address (continued):		* Gender:	Female
* City:	Spokane	* Birth Date, (mm/dd/yyyy):	10/15/2000
State:	WA	* Current Grade: <small>(Juniors only)</small>	8th Grade
Zip:	99201 -	Level Of Play:	J2
Country:	United States	Are you: Hearing impaired/deaf: No Disabled Physically: No	
* Race/Ethnicity: I Choose not to respond			

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: Joe
* Last: Smith

Parent or Guardian's email address:

* Email: office@evergreenregion.org
A copy of the Membership Confirmation will be sent to this address.

5. 1. Check or uncheck boxes regarding the email correspondence you would like to receive from USAV and/or the Region.
2. If the Club is paying for the membership choose...Submit Payment separately...
3. If not leave it on the Credit Card information and enter it here.
4. Open and read the Waiver and Code of Conduct carefully...check the boxes once you have done so.
5. Type in the Parent/Guardian Driver's License number or Social to sign off as Parent Consent.
6. Click Submit...you are DONE!!

Questions: email-office@evergreenregion.org or call 509-290-5552

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. ← **1**

I would like to receive mailings from companies USA Volleyball feels would be of interest to me. ←

Please send electronic communications from my Region about new features or services. ←

Interested in Officiating For Pay

Payment Information

Pay now via Credit Card Submit payment separately, per Region policy.

* Credit Card Type: Select One ▼ ← **3**

* Credit Card Number: []

* Security Code (Locate): []

* Expiration: MM ▼ / YYYY ▼

* Name On Credit Card: []

↑ **2 CHOOSE THIS ONLY IF CLUB IS PAYING FOR MEMBERSHIP**

USAV Waiver Information

Please click on all links below to view and read documents, then check box to indicate acceptance.

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

[USAV Waiver & Release of Liability](#) ← **4**

I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and that I have read and agree to the [USAV Waiver & Release of Liability](#).

[USAV Participant Code of Conduct](#)

I agree to the [USAV Participant Code of Conduct](#) ←

Use Agreement

I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.

I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by the USAV/RVA (the "Footage").

I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.

I hereby certify that the information provided is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Please Note: If your Driver's License number is your Social Security Number, please enter only the last four digits.

For verification purposes, please enter the last four digits of the Social Security Number, or the Driver's License or State ID number for the individual (Parent/Guardian) consenting above: * [] ← **5**

Previous Junior Member Registration Instructions

1. Log on to www.evergreenregion.org. On the homepage click on PREVIOUS member link to Webpoint.



Online Registration

The Evergreen Region Volleyball Association (ERVA) is organized to foster the development and growth of local, regional, and national volleyball competition in association with USA Volleyball. Whether you are a beginner or a player looking to continue improving your skills, there is a club out there for you!

To register for a USA Volleyball Membership please click on the appropriate link below.



Previous Member Registration

New Member Registration

1. Log-In to your Webpoint account. If you forgot your username or password please contact the Region Office for assistance. **OFFICE@EVERGREENREGION.ORG**.



USA VOLLEYBALL



Welcome to USA Volleyball's Membership Management System!

- USA VOLLEYBALL
- Join USA Volleyball
- Renew Membership
- Login
- Forgot Password
- Request A Login
- USAV & Region Events
- Support USA Volleyball



Powered by
Webpoint

Browser Cookies must be enabled to view USA Volleyball membership information.
[Click Here](#) for information on how to enable cookies.

USA Volleyball - Webpoint Membership Management Login

User Name

Password

* NOTE - Passwords are case sensitive.

Log In

NOTICE!

This is a secure website area restricted to authorized users only.
All user activity in this area is monitored and
unauthorized access attempts will be prosecuted.

(For questions regarding this system, please contact the System Administrator.)
usav_Admin@ai-group.com

3. Once you are logged in to your account click on the top to begin the membership renewal.



EVERGREEN REGION USA VOLLEYBALL

Twitter Facebook



Welcome Emily to the Members' Only area of USA Volleyball!

- MEMBER HOME
- Member Area
- USAV & Region Events
- Region Coaching Clinics
- Region Ref/Score Clinics
- Club Tryouts
- Region HP Tryouts
- Region Athlete Showcases
- Other Region Events
- USAV Coaching Clinics
- USAV Ref/Score Clinics
- CLUB ADMINISTRATION
- My Club
- Support USA Volleyball

Thank you for logging in!

Welcome to the Members Only Area of the USA Volleyball web site!

TO APPLY FOR YOUR MEMBERSHIP ONLINE [CLICK HERE](#)

Please use the following links as needed to print copies for your files and/or to meet region requirements.

Background Screening Release

USAV Junior Club Personnel Code of Ethics

USAV Waiver & Release of Liability; USAV Participant Code of Conduct; Use Agreement

Chaperone Information

Player Information

Club Director Information



4. Verify all the personal information is correct or make any necessary changes. Please ensure you have your LEGAL name in the first box and preferred name below. Please include email or phone numbers for the Region Office to contact you if needed. Click CONTINUE.

Member Information >> Membership Options >> Confirm

Join Evergreen Region Volleyball

Find Member

Member ID: - OR - Choose Contact: [Add](#) | [Clear](#)

Fields marked with an * are required.

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Member Information

* Member's Legal Name: Sal: J Smith

Preferred First Name:
(If different than Legal Name)

Maiden Name:

Former Name:

Skip Address Validation

* Address: 1234 W 1st Ave

Address (continued):

Address (continued):

* City: Spokane

* State: Washington

* Zip: 99201 -

* Country: United States

* Email: jsmith@gmail.com

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 [privacy statement](#).

Home Ph:

Work Ph:

Mobile Ph:

Fax:

* Gender: Female

* Birth Date, (mm/dd/yyyy): 10/1/1979

* Current Grade:
(Juniors only) -Select One-

Level Of Play, (adult): UA

NOTE - Select UA for all Non-Players

Other Region Info:

* Race/Ethnicity: Choose not to respond

USA Volleyball is committed to diversity. The information above is used to report aggregate data to the United States Olympic Committee.

If you do not wish to supply this information, then please select 'I choose not to respond'.

Are you:

Hearing impaired/deaf (for USA Deaflympic Talent ID)

Disabled Physically (for Paralympic Talent ID)



5. 1. **Choose the Club you are affiliated with**...if you are purchasing a **Tryout Membership leave this as UNDECIDED** you will change it after they have made a team.

2. Choose the Membership Type you want to register for. If you are unsure please ask the Club or the Region Office.

- Junior Girls Membership-full season membership (required for club teams participating in tournaments)
- Practice Player ONLY Membership- NOT allowed to play in tournaments...practice or scrimmage player only
- Scrimmage ONLY- YOUTH- 12 and Under Players NOT participating in tournaments
- Junior Tryout Membership- Good for Region Tryouts ONLY.
- Upgrade to Full Junior Membership-Upgrade to Full Junior Member after purchasing the Tryout Membership.

3. Enter Parent/Guardian Information...CLICK SUBMIT.

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

Join Evergreen Region Volleyball

Member Information

Name:	Smith, Julie	Club:	-UNDECIDED-
Address:	608 W 2nd Ave Ste 301 Spokane, WA 99201 United States	Email:	office@evergreenregion.org
		Gender:	Female
		Birth Date:	10/15/2000
		* Current Grade: (Juniors only)	8th Grade H.S. Grad Yr: 2017
		Level Of Play:	J2

1

	Membership Type	Price	
<input type="radio"/>	ERVA - Regular - Junior Girls Membership	\$60.00	
<input type="radio"/>	ERVA - Practice Player ONLY Membership For Practice only. Not eligible for tournament play.	\$25.00	2
<input type="radio"/>	ERVA - Scrimmage ONLY - Youth (12 & Under) For Scrimmage/practice only. Not eligible for tournament play.	\$25.00	
<input type="radio"/>	ERVA Junior Summer Membership For Indoor and Outdoor Programs from May 1 - Oct. 31 of the current season.	\$15.00	5/1/2013 - 10/31/2013
<input type="radio"/>	ERVA - Junior - One-Day Event Membership Please indicate the date of the event in the appropriate box.	\$5.00	<input type="text"/>

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: <input type="text"/>	3	First: <input type="text"/>
* Last: <input type="text"/>		Last: <input type="text"/>

Parent or Guardian's email address:

* Email: <input type="text"/>	Email: <input type="text"/>
-------------------------------	-----------------------------

A copy of the Membership Confirmation will be sent to this address.

USAV Participant Information

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

Areas Of Interest & Preferences

Please indicate preferences below.

In addition to PLAYING I am interested in

Coaching

Officiating

←


2. Verify all the information...CLICK EDIT if you need to make any changes.

Member Information >> Membership Options >> Background Screening >> **Confirm**

Join Evergreen Region Volleyball

Please confirm the information below before submitting this application.


Membership Information

Membership Information 

Membership Type: ERVA Junior Summer Membership
Membership Dates: 5/1/2013 - 10/31/2013
Membership Price: \$15.00
 High Performance Donation, (\$5.00)
 I would like to subscribe to USA Volleyball Magazine, (\$2.50)

Total Amount Due:

\$15.00

Member Information 

* Member's Legal Name:	Julie Smith	* Email:	office@evergreenregion.org
Preferred First Name: (If different than Legal Name)		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 privacy statement .	
Maiden Name:		Home Ph:	
Former Name:		Work Ph:	
* Address:	608 W 2nd Ave	Mobile Ph:	
Address (continued):	Ste 301	Fax:	
Address (continued):		* Gender:	Female
* City:	Spokane	* Birth Date, (mm/dd/yyyy):	10/15/2000
State:	WA	* Current Grade: (Juniors only)	8th Grade
Zip:	99201 -	Level Of Play:	J2
Country:	United States	Are you: Hearing impaired/deaf: No Disabled Physically: No	

* Race/Ethnicity: I Choose not to respond

Parent/Guardian Information

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

Parent or Guardian's name:

* First: Joe First:
* Last: Smith Last:

Parent or Guardian's email address:

* Email: office@evergreenregion.org Email:
A copy of the Membership Confirmation will be sent to this address.

3. 1. Check or uncheck boxes regarding the email correspondence you would like to receive from USAV and/or the Region.
2. If the Club is paying for the membership choose...Submit Payment separately...
3. If not leave it on the Credit Card information and enter it here.
4. Open and read the Waiver and Code of Conduct carefully...check the boxes once you have done so.
5. Type in the Parent/Guardian Driver's License number or Social to sign off as Parent Consent.
6. Click Submit...you are DONE!!

Questions: email-office@evergreenregion.org or call 509-290-5552

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.

Please send electronic communications from my Region about new features or services.

Interested in Officiating For Pay

Payment Information

Pay now via Credit Card Submit payment separately, per Region policy.

* Credit Card Type: Select One ▼

* Credit Card Number: [input]

* Security Code (Locate): [input]

* Expiration: MM ▼ / YYY ▼

* Name On Credit Card: [input]

CHOOSE THIS ONLY IF CLUB IS PAYING FOR MEMBERSHIP

USAV Waiver Information

Please click on all links below to view and read documents, then check box to indicate acceptance.

Please note: Parent/Guardian must provide information as well as read and accept terms on behalf of the minor to complete the registration process.

[USAV Waiver & Release of Liability](#)

I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and that I have read and agree to the [USAV Waiver & Release of Liability](#).

[USAV Participant Code of Conduct](#)

I agree to the [USAV Participant Code of Conduct](#)

Use Agreement

I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.

I hereby agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by the USAV/RVA (the "Footage").

I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.

I hereby certify that the information provided is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Please Note: If your Driver's License number is your Social Security Number, please enter only the last four digits.

For verification purposes, please enter the last four digits of the Social Security Number, or the Driver's License or State ID number for the individual (Parent/Guardian) consenting above: * [input]