New Adult Member Registration Instructions

1. Log on to <u>www.evergreenregion.org</u>. On the homepage click on NEW 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 area 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 REC	GION
EVERGREEN	USA VOLLEY	BALL USAVolleyball
Welcome to USA Vo	lleyball's Membership Management System!	
USA VOLLEYBALL	Member Information >> Membership Options >> Confirm	
Join USA Volleyball	Join Evergreen Region Volleyball	
Renew Membership		
Login	Fields marked with an - are required.	
Porgot Password Request A Login	This application, the USAV Code of Conduct and Waiver and Release of Liability	must be read and signed/electronically accepted before the USAV
USAV & Region Events	registrant/kvA member listed on the application is allowed to take part in any so practice/warm-up sessions, meeting or testing sessions). This application must be	anctioned activity (by example only: training, competition, completed only by the applicant and/or his/her parent/auardian, with
Support USA Volleyball	accurate personal information that pertains to the applicant. Membership with I another. Additional RVA requirements may apply.	USA Volleyball is individual and is not transferable from one person to
	Member Information	
UERIFY SECURITY	* Member's Legal Name: Sal: 💌	* Email:
	Preferred First Name:	The personal information that you provide to apply for
Powered by	(If different than Legal Name)	membership, subscribe to our magazine or on-line
Webpoint	Maiden Name:	newsletter, to purchase items from us, or to register as a
	Former Name:	user of our site is used within the USA Volleyball National
	* Address:	more information visit our complete privacy statement.
	Address (continued):	
	Address (continued):	More Ph.
	* City:	work Pn:
	* State:	Mobile Ph:
	* Tio:	Fax:
	Counter Lipited States	* Gender: Select One
	Country: United States	* Birth Date, (mm/dd/yyyy):
		Current Grade: Select One (Juniors only)
		Level Of Play, (adult): UA 💌
		NOTE - Select UA for all Non-Players
	Other Region Info:	
	* Race/Ethnicity: None Indicated	Are your
	USA Volleyball is committed to diversity. The information above is used	Hearing impaired/deaf (for USA Deaflympic Talent ID)
	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 re	spond'.
	Continu	e

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 Regio	on Volleyball				
edit Member Inform	nation	and the state of the second state of the state of the second state	/		and the second second second
Name: Address:	Johnson, joe 608 W 2nd Ave Spokane, WA 99201-4405 United States	Club: Email: Gender: Birth Date: (32 as of 12/31/2013) Level Of Play:	-Select One- office@evergreenregior Temele 10/15/1981 UA	i.org	1
	Membership Type		Price		
ERVA - Regular Ad Background screen	dult Membership ing required for this membership. No participation restriction.	Si	60.00		2
ERVA - Chaperone Background screen	e Membership ing required for this membership.	Sź	25.00		
O ERVA - Adult Plays NO Junior Pr	er ONLY rogram Affiliation	\$.	35.00		
ERVA - Collegiate For PLAYERS ONL	Player You must be enrolled as an undergraduate student or graduate student at a 2-year g	\$ of 4-year degree-granting university or college. If you are intending on partic	15.00 ipating in any capacity other	than 'PLAYER', please use th	e 'Regular Adult' membership.
ERVA Adult Summ Valid for Indoor and	ner Membership Outdoor Programs from May 1 - Oct. 31 of the current season.	\$	15.00 5/1	/2013 - 10/31/2013	
ERVA - Adult One- Only valid for the da	Day Event Membership te as indicated.	S:	5.00		
ERVA - Adult Multi Use for one-event m	i-Day Tournament ONLY sembership for multi-day tournaments (valid for a total of 5 days from the start date). Pli	lease enter start date of event	15.00		
USAV Participant Infor	mation				
I will be participation	ng this season in the role(s) selected below.				
Please select all that ap	ply:				
Junior Program Please note that I An additional fee as a Club Dire as a Club Dire as a Coach. as a Chapero as a Team Re	Roles: by electing to participate in a Junior Program, you may be required to submit a backgrd of \$20.00 may apply. ector. ne. epresentative.	ound screening authorization.			

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 officiate in a 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 an ePAVO official. 	
This address may not be valid.	
The Apt or Suite number is missing or incorrect.	
Submit T	in the second

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.

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. <u>CLICK HERE</u> 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

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		6.12 C		
edit Membership Information				
Membership Type:	States and the states of the states		and the second	ERVA Junior Summer Membership
Membership Dates:				5/1/2013 - 10/31/2013
Membership Price:				\$15.00
				High Performance Donation, (\$5.00)
				\square 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 purchase items from us, or to register as	e to apply for membership, subscribe to our magazine or on-line newsletter, to s a user of our site is used within the USA Volleyball National Office to provide
Maiden Name:			the services that we offer to you. For mo	re information visit our complete privacy statement.
Former Name:			Home Ph:	
* Address:	608 W 2nd Ave		Work Ph:	
Address (continued):	Ste 301		Mobile Ph:	
Address (continued):			Fax:	
* City:	Spokane		* Gender:	Female
State:	WA		* Birth Date, (mm/dd/yyyy):	10/15/2000
Zip.	99201 -		* Current Grade: (Juniors only)	8th Grade
Country.	United States		Level Of Play:	J2
* Race/Ethnicity: I Choose not to respond			Are you: Hearing impaired/deaf: No Disabled Physically: No	
Parent/Guardian Information				
Please note: Parent/Guardian must provide information as well as read and accept ter	rms on behalf of the minor to complete the re	egistration process.		
Parent or Guardian's name:				
* First: Joe		First		
* Last: Smith		last:		
Parent or Guardian's email address:		Last.		
*Email: office@evergreenregion.org A copy of the Membership Confirmation will be sent to this address.		Email:		

1. 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. ☑ 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. 	\leftarrow	_]	L				
Interested in Officiating For Pay				~			
Payment Information				2	\rightarrow	Payment Method: Credit Card	•
* Credit Card Type:		Select One					
* Credit Card Number:					2		
* Security Code (Locate):					J		
* Expiration:							
* Name On Credit Card:							
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			1	5			
and have been and the second of the second state of the second states of the second states of the second states		Confirm		J			

Previous Adult Member Registration Instructions

1. Log on to <u>www.evergreenregion.org</u>. 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 area 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

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

USAVolleyball.	USA VOLLEYBALL	USAVolleyball.
Welcome to USA Volle	yball's Membership Management System!	
USA VOLLEYBALL		
Join USA Volleyball		
Renew Membership	Browser Cookies must be enabled to view USA Volleyball membership information.	
Login	Click Here for information on how to enable cookies.	
Forgot Password		
Request A Login	USA Volleyball - Webpoint Membership Management Login	
USAV & Region Events	Lines Name	
Support USA Volleyball	UserName	
GODADDY VERIFIED & SECURED UERIFY SECURITY	Password	
	* NOTE - Passwords are case sensitive.	
Powered by Webpoint	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.



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 Option	s >> Confirm				
Join Evergreen Region Volleyball					
Find Member		the later of the			
Member ID: Go		- OR -	Choose Contact:	Add Clear	
Fields marked with an * are required.					
This application, the USAV Code of Conduct a sessions, meeting or testing sessions). This a requirements may apply.	nd Waiver and Release of Liability must be read and signe pplication must be completed only by the applicant and/or	d/electronically accept his/her parent/guardia	ted before the USAV registrant/RVA me in, with accurate personal information th	mber listed on the application is allowed to take part in any san nat pertains to the applicant. Membership with USA Volleyball i	nctioned activity (by example only: training, competition, practice/warm-up s individual and is not transferable from one person to another. Additional RVA
Member Information		and the second			I a series and the series of the
* Member's Legal Name:	Sal: 💌 🛛 Smith			* Email:	ismith@gmail.com
Preferred First Name: (If different than Legal Name)				The personal information that you provide purchase items from us, or to register as	to apply for membership, subscribe to our magazine or on-line newsletter, to a user of our site is used within the USA Volleyball National Office to provide the
Maiden Name:				services that we offer to you. For more in	formation visit our complete <u>privacy statement</u> .
Former Name:				Home Ph:	
Skip Address Validation				Work Ph:	
* Address:	1234 W 1st Ave			Mobile Ph:	
Address (continued):				Fax:	
Address (continued):				* Gender:	Female
* City:	Spokane			* Birth Date, (mm/dd/yyyy):	10/1/1979
* State:	Washington			* Current Grade:	-Select One- +
* Zip:	99201 -			(Juniors only)	
* Country:	United States			Level Of Play, (adult):	UA
Other Region Info:				NOTE - Select OA for all Non-Players	
* Race/Ethnicity: Choose not to respond USA Volleyball is committed to diversity. The i to report aggregate data to the United States C If you do not wish to supply this information, th	rformation above is used Dympic Committee. en please select "I choose not to respond".			Are you: Hearing impaired/deaf (for USA Deafing) Disabled Physically (for Paralympic)	ympic Talent ID) Talent ID)
naktoren en en ektor	and a second a second as		Continue	in deligent del and al more	in a successive and successive

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.)

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-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 >> M	lembership Options >> Confirm				
Join Evergreen Regio	n Volleyball				
edit Member Inform	ation	and the second states of the second states	/		have and a supply have a start
Name: Address:	Johnson, joe 608 W 2nd Ave Spokane, WA 99201-4405 United States	Club: Email: Gender: Birth Date: (32 as of 12/31/2013) Level Of Play:	-Select One- office@evergreenregion Pennele 10/15/1981 UA	n.org	1
	Membership Type		Price		
 ERVA - Regular Adi Background screenir ERVA - Chaperone Background screenir ERVA - Adult Playe NO Junior Pro ERVA - Collegiate F For PLAYERS ONLY ERVA Adult Summer Valid for Indoor and C ERVA - Adult One-E Only valid for the dat ERVA - Adult Multi- 	ult Membership ng required for this membership. No participation restriction. Membership ng required for this membership. r ONLY Ogram Affiliation Player (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year Player (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year Player (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year (You must be enrolled as an undergraduate student or graduate student at a 2-year of 4-year (You must be enrolled as an undergraduate student or graduate student or graduate student at a 2-year of 4-year (You must be enrolled as an undergraduate student or graduate student or gradu	S S year degree-granting university or college. If you are intending on partic S S S	\$60.00 \$25.00 \$35.00 \$15.00 \$15.00 5/1 \$5.00 5/1	than 'PLAYER', please use th /2013 - 10/31/2013	2 ne 'Regular Adult' membership.
Use for one-event me	embership for multi-day tournaments (valid for a total of 5 days from the start date). Please nation	e enter start date of event.			
I will be participatin Please select all that app	ig this season in the role(s) selected below.				
Junior Program F Please note that by An additional fee of as a Club Diree as a Coach. as a Chaperon as a Team Reg Adult Team Roles as a Player. as a Coach. as a Coach. as a Team Par	Roles: y electing to participate in a Junior Program, you may be required to submit a background f \$20.00 may apply. ctor. ctor. ie. presentative.	I screening authorization.			

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 surrent from the year before

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 officiate in a 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. (By electing to officiate in a Junior Program, you may be required to submit a background screening authorization.) 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.) (By electing to direct tournaments in a Junior Program, you may be required to submit a background screening authorization.) 	
This address may not be valid.	
The Apt or Suite number is missing or incorrect.	
Submit	

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 >> Config	n	
Join Evergreen Region Volleyball		
You have selected a membership that is affiliated with a Junior 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 com IF YOU ARE a non-US citizen WITHOUT a social security number you CAN NOT pr	rogram. xleting the online application below. xcess your screening through this system. <u>CLICK HERE</u> 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, fro I, joe Johnson, authorize and give consent for the above named organization to obt. Social Security Number Verification, Criminal background records/information) any liability resulting from a background screen, including the specifics listed below. in information regarding myself. This includes the following: n, Drivers license check and Addresses.	
I authorize this information to be obtained either in writing, electronic transmission o for compliance. Such information will be held in confidence in accordance with the o coaches, chaperones and trainers shall submit to a background screen immediately	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 froi janization'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 d upon application for registration and every two years thereafter as long as that individual is a registered member.	m any and all claims of liability lirectors, team representatives
Name: joe Johnson Date: 6/5/2013		
DISQUALIFIERS		
I understand that disqualification from all junior events and/or activities will result if I any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an Falsification of any information on any registration application or this form is grounds A conviction or falsification of information that results in revocation or denial of my re	ave 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 of ther crimes against children. Fense 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 for membership revocation or denial of membership. pistration forfeits all fees paid with my registration application.	offences in the past 7 years; events and/or activities.
Name: joe Johnson Date: 6/5/2013		

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		6.12 C		
edit Membership Information				
Membership Type:	States and the states of the states		and the second	ERVA Junior Summer Membership
Membership Dates:				5/1/2013 - 10/31/2013
Membership Price:				\$15.00
				High Performance Donation, (\$5.00)
				\square 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 purchase items from us, or to register as	e to apply for membership, subscribe to our magazine or on-line newsletter, to s a user of our site is used within the USA Volleyball National Office to provide
Maiden Name:			the services that we offer to you. For mo	re information visit our complete privacy statement.
Former Name:			Home Ph:	
* Address:	608 W 2nd Ave		Work Ph:	
Address (continued):	Ste 301		Mobile Ph:	
Address (continued):			Fax:	
* City:	Spokane		* Gender:	Female
State:	WA		* Birth Date, (mm/dd/yyyy):	10/15/2000
Zip.	99201 -		* Current Grade: (Juniors only)	8th Grade
Country.	United States		Level Of Play:	J2
* Race/Ethnicity: I Choose not to respond			Are you: Hearing impaired/deaf: No Disabled Physically: No	
Parent/Guardian Information				
Please note: Parent/Guardian must provide information as well as read and accept ter	rms on behalf of the minor to complete the re	egistration process.		
Parent or Guardian's name:				
* First: Joe		First		
* Last: Smith		last:		
Parent or Guardian's email address:		Last.		
*Email: office@evergreenregion.org A copy of the Membership Confirmation will be sent to this address.		Email:		

1. 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. ☑ 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. 	+	1	L				
Interested in Officiating For Pay				~			
Payment Information				2		Payment Method: Credit Card	•
* Credit Card Type:		Select One					
* Credit Card Number:					Q		
* Security Code (Locate):					J		
* Expiration:							
* Name On Credit Card:		· · · · · · · · · · · · · · · · · · ·					
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			200 C	5			
a fair a second of fair and and a fair as proved as		Confirm		J			

New Junior Member Registration Instructions

1. Log on to <u>www.evergreenregion.org</u>. On the homepage click on NEW 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 area 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

2. 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.

Velcome to USA Vo	lleyball's Membership Management System!	
SA VOLLEYBALL	Member Information >> Membership Options >> Confirm	
oin USA Volleyball enew Membership ogin	Join Evergreen Region Volleyball Fields marked with an * are required.	
orgot Password equest A Login SAV & Region Events upport USA Volleyball	This application, the USAV Code of Conduct and Waiver and Release of Liability must be registrant/RVA member listed on the application is allowed to take part in any sanction, practice/warm-up sessions, meeting or testing sessions). This application must be comple accurate personal information that pertains to the applicant. Membership with USA Vol another. Additional RVA requirements may apply.	e read and signed/electronically accepted before the USAV ed activity (by example only: training, competition, eted only by the applicant and/or his/her parent/guardian, with lleyball is individual and is not transferable from one person to
VERIFIED & SECURED UERIFY SECURITY	Member Information * Member's Lead Name: Sal:	* Email:
Powered by Webpoint	Preferred First Name: (If different than Legal Name) Maiden Name: Former Name: • Address: Address: Address (continued): • City: • State: • Stelect State • Zip: • Country: United States •	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:
	Other Region Info: * Race/Ethnicity: None Indicated	Are you:
	USA Volleyball is committed to diversity. The information above is used to report aggregate data to the United States Olympic Committee.	Hearing impaired/deaf (for USA Deaflympic Talent ID)

- 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 Info	ormation >> Membership Options >> Confirm			
Join Ever	rgreen Region Volleyball			
edit Me	mber Information	a dealer and all the second and a shall be		all the start and all the start and
Name: Address:	Smith, Julie 608 W 2nd Ave Ste 301 Spokane, WA 99201 United States	Club: Email: Gender: Birth Date: * Current Grade: (Juniors only) Level Of Play:	-UNDECIDED- office@evergreenregion.org Female 10/15/2000 8th Grade H.S. Grad Yr: 2017 J2	1
	Membership Type		Price	
0	ERVA - Regular - Junior Girls Membership	2	\$60.00	
0	ERVA - Practice Player ONLY Membership For Practice only. Not eligible for tournament play.	-	\$25.00	
Ø	ERVA - Scrimmage ONLY - Youth (12 & Under) For Scrimmage/practice only. NOt eligible for tournament play.		\$25.00	
Ø	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	3
O	ERVA - Junior - One-Day Event Membership Please indicate the date of the event in the appropriate box.		\$5.00	
Parent/Gua	ardian Information			
Please note	e: Parent/Guardian must provide information as well as read and accept terms on behalf of the min	or to complete the registration process.		
Parent or G	Guardian's name:			
* First:		Eiret:		
*Last:	U			
Parent or (Guardian's email address:	Lust.		
* Email: A	copy of the Membership Confirmation will be sent to this address.	Email:		
USAV Parti	icipant Information			
I will be p	participating this season in the role(s) selected below.			
		Areas Of Interest & Preferences		
Please indic	cate preferences below.			
In addition to Coaching	o PLAYING I am interested in g ng			

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:	State State States	1000 A. C. M. 194		ERVA Junior Summer Membershi
Membership Dates:				5/1/2013 - 10/31/201
Membership Price:				\$15.0
				🗌 High Performance Donation, (\$5.00)
				🗇 I would like to subscribe to USA Volleyball Magazine, (\$2.50)
Total Amount Due:				\$15.0
edit Member Information			and the second second second second	and a set of the forest of the set of the se
* Member's Legal Name:	Julie Smith		* Email:	office@evergreenregion.org
Preferred First Name: (If different than Legal Name)			The personal information that you provid purchase items from us, or to register as	e to apply for membership, subscribe to our magazine or on-line newsletter, to s a user of our site is used within the USA Volleyball National Office to provide
Maiden Name:			the services that we offer to you. For mo	re information visit our complete <u>privacy statement</u> .
Former Name:			Home Ph:	
* Address:	608 W 2nd Ave		Work Ph:	
Address (continued):	Ste 301		Mobile Ph:	
Address (continued):			Fax:	
* City:	Spokane		* Gender:	Female
State:	WA		* Birth Date, (mm/dd/yyyy):	10/15/2000
Zip:	99201 -		* Current Grade: (Juniors only)	8th Grade
county.	United States		Level Of Play:	J2
* Race/Ethnicity: I Choose not to respond			Are you: Hearing impaired/deaf: No Disabled Physically: No	
Parent/Guardian Information				
Please note: Parent/Guardian must provide information as well as read and accept ter	rms 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:		Luou		
* Email: office@evergreenregion.org A copy of the Membership Confirmation will be sent to this address.		Email:		

- 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 Liscense 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 correspo	ndence item you wish to be removed from.		
 ✓ Please send electronic communications from U ✓ I would like to receive mailings from companies ✓ Please send electronic communications from m 	SA Volleyball about new features or services. USA Volleyball feels would be of interest to me. ny Region about new features or services.	- 1	
Interested in Officiating For Pay			
Payment Information			
Pay now via Credit Card O Submit payment	t separately, per Region policy.		
* Credit Card Type:	1 0	Select One	
* Credit Card Number:	A 4		
* Security Code (Locate):	CHOOSE THIS ONLY IF		
* Expiration:	CLUB IS PAYING FOR		
* Name On Credit Card:	MEMBERSHIP		
USAV Waiver Information			
Please click on all links below to view and rea	d documents, then check box to indicate acceptance.		
Please note: Parent/Guardian must provide inf	ormation 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 	I authority to act for and on behalf of the minor named herein, and th	at I have read and agree to the USAV Waiver & Release of Liability.	4
USAV Participant Code of Conduct			
I agree to the USAV Participant Code of (Conduct		
Use Agreement			the second s
• 🔲 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 p by USAV/RVA's authorized representative, und	hotographed, and to have my name, image, picture, likeness, voice er the conditions specified by the USAV/RVA (the "Footage").	and biographical information otherwise recorded, in any media, during USA Volleyball (USAV	/) and/or its Regional Volleyball Association (RVA) sanctioned events,
I hereby grant USAV/RVA, with no financial or promotion of the Sport, and (4) promotion of U	other compensation due to me, full right and license to use, and to a SAV/RVA, provided that, in no event may the USAV/RVA use or autho	uthorize third parties to use, in all media, the Footage for: (1) news and information purposer rize the commercial use of the Footage in any manner that would imply my endorsement of	s, (2) promotion of the specific competition(s) in which I compete, (3) any company, product, or service, without my written permission.
I hereby certify that the information provided i of membership.	s being done directly by myself or by me, as the legal guardian repre	senting a minor, and that it is true and accurate to the best of my knowledge. I also understa	and and agree that incomplete or false information is grounds for denial
Please Note: If your Driver's License number is	s 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 S	state ID number for the individual (Parent/Guardian) consenting above: *	

5

Previous Junior Member Registration Instructions

1. Log on to <u>www.evergreenregion.org</u>. 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 area 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 Mer

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**.

\$		
USAVolleyball.	USA VULLEYBALL	USAVollevbal
Welcome to USA Volleyball's Men	ibership Management System!	
USA VOLLEYBALL		
oin USA Volleyball		
Renew Membership	Browser Cookies must be enabled to view USA Volleyball membership information.	
ogin	Click Here for information on how to enable cookies.	
orgot Password		
Request A Login	USA Volleyball - Webpoint Membership Management Login	
JSAV & Region Events	Lang Namon	
Support USA Volleyball		
COCADOY VERIFIED & SECURED UERIFY SECURITY	Password	
	(NOTE - Passwords are case sensitive.)	
Powered by		
Webpoint	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	Thank you for logging in!
USAV & Region Events	Welcome to the Members Only Area of the USA Volleyball web site!
Region Coaching Clinics	TO APPLY FOR YOUR MEMBERSHIP ONLINE CLICK HERE
Region Ret/Score Clinics Club Tryouts	
Region HP Tryouts	
Region Athlete Showcases	Please use the following links as needed to print copies for your files and/or to meet region requirements.
Other Region Events	Background Screening Release
USAV Coaching Clinics	USAV Junior Club Personnel Code of Ethics
CLUB ADMINISTRATION	USAV Waiver & Release of Liability; USAV Participant Code of Conduct; Use Agreement
My Club 🖸	
Support USA Volleyball	✓ Player Information
VERIFIED & SECURED UERIFIS SECURITS	 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		1000			
Member ID: Go		- OR -	Choose Contact:	Add Clear	
Fields marked with an * are required.					
This application, the USAV Code of Con sessions, meeting or testing sessions). requirements may apply.	duct and Waiver and Release of Liability must be read and sign This application must be completed only by the applicant and/o	d/electronically accep his/her parent/guardia	ted before the USAV registrant/RVA me in, with accurate personal information th	mber listed on the application is allowed to take part in any sa nat pertains to the applicant. Membership with USA Volleyball i	nctioned activity (by example only: training, competition, practice/warm-up s individual and is not transferable from one person to another. Additional RVA
Member Information	a channel a second statement a second	<u>a de la secono</u>	a second a second a	and the second second second	A suite of the second second states and the
* Member's Legal Name:	Sal: 💌 J Smith			* Email:	ismith@gmail.com
Preferred First Name: (If different than Legal Name)				The personal information that you provide purchase items from us, or to register as	to apply for membership, subscribe to our magazine or on-line newsletter, to a user of our site is used within the USA Volleyball National Office to provide the
Maiden Name:				Services that we offer to you. For more in	formation visit our complete <u>privacy statement</u> .
Former Name:				Home Pn.	
Skip Address Validation				work Ph:	
* Address:	1234 W 1st Ave			Mobile Ph:	
Address (continued):				Fax:	
Address (continued):				* Gender:	Female
* City:	Spokane			* Birth Date, (mm/dd/yyyy):	10/1/1979
* State:	Washington			* Current Grade: (Juniors only)	-Select One-
* Zip:	99201 -			Level Of Play (adult)	UA -
* Country:	United States			NOTE - Select UA for all Non-Plavers	
Other Region Info:				, ,	
* Race/Ethnicity: I Choose not to respond USA Volleyball is committed to diversity to report aggregate data to the United St If you do not wish to supply this informat	▼ . The information above is used tates Olympic Committee. tion, then please select "I choose not to respond".			Are you: Are you: Hearing impaired/deaf (for USA Deaf Disabled Physically (for Paralympic	lympic Talent ID) Talent ID)
na kana na mana ana ana ana ana ana ana ana	A LORGER WIN - OF GRAD CORDER WIN-		Continue	and Alexandre and Alexand	in a state of the second s

- 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 Informa	tion >> Membership Options >> Confirm			
Join Evergree	en Region Volleyball			
edit Membe	er Information	Sand and and the shades - and the		
Name: Address:	Smith, Julie 608 W 2nd Ave Ste 301 Spokane, WA 99201 United States	Club: Email: Gender: Birth Date: * Current Grade: (Juniors only) Level Of Play:	UNDECIDED- office@evergreen Female 10/15/2000 8th Grade H.S. Grad Yr: 201 J2	egion.org 7 1
	Membership Type		Price	
0	ERVA - Regular - Junior Girls Membership ERVA - Practice Plaver ONLY Membership	2	\$60.00 \$25.00	
	For Practice only. Not eligible for tournament play.			
0	ERVA - Scrimmage ONLY - Youth (12 & Under) For Scrimmage/practice only. Not eligible for tournament play.		\$25.00	
Ø	ERVA Junior Summer Membership		\$15.00	5/1/2013 - 10/31/2013
O	ERVA - Junior - One-Day Event Membership Please indicate the date of the event in the appropriate box.		\$5.00	
Parent/Guardia	an Information			
Please note: P	arent/Guardian must provide information as well as read and accept terms on behalf of the m	ninor to complete the registration process.		
Parent or Guar * First: Last:	rdian's name:	First: Last:		
* Email: A copy	y of the Membership Confirmation will be sent to this address.	Email:	_	
USAV Participa	ant Information			
I will be part	icipating this season in the role(s) selected below.			
		Areas Of Interest & Preferences		
Please indicate	preferences below.			
In addition to PL Coaching Officiating	AYING I am interested in			
		submit		

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

Member Information >> Membership Options >> Background Screening >> <mark>Confirm</mark>				
Join Evergreen Region Volleyball				
Please confirm the information below before submitting this application.				
Membership Information				
edit Membership Information				
Membership Type:		5		ERVA Junior Summer Membership
Membership Dates:				5/1/2013 - 10/31/2013
Membership Price:				\$15.00
				🔲 High Performance Donation, (\$5.00)
				\square 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	and the state of	* Email:	office@evergreenregion.org
Preferred First Name:			The personal information that you provide	e to apply for membership, subscribe to our magazine or on-line newsletter, to
Maiden Name:			the services that we offer to you. For mo	re information visit our complete privacy statement.
Former Name:			Home Ph:	
* Address:	608 W 2nd Ave		Work Ph:	
Address (continued):	Ste 301		Mobile Ph:	
Address (continued):			Fax:	
* City:	Spokane		* Gender:	Female
State:	WA		* Birth Date, (mm/dd/yyyy):	10/15/2000
Zip	99201 -		* Current Grade: (Juniors only)	8th Grade
Country:	United States		Level Of Play:	J2
* Race/Ethnicity: I Choose not to respond			Are you: Hearing impaired/deaf: No Disabled Physically: No	
Parent/Guardian Information				
Please note: Parent/Guardian must provide information as well as read and accept te	rms on behalf of the minor to complete the r	egistration process.		
Parent or Guardian's name:				
* First: Joe		First		
*Last: Smith		Last:		
Parent or Guardian's email address:		Lust		
 Email: office@evergreenregion.org A copy of the Membership Confirmation will be sent to this address. 		Email:		

- 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 Liscense 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 abo ☑ I would like to receive mailings from companies USA Volleyball fe ☑ Please send electronic communications from my Region about n	out new features or services. eels would be of interest to me. new features or services.	- 1	
Interested in Officiating For Pay			
Payment Information			
Pay now via Credit Card Submit payment separately, per l Credit Card Type:	Region policy.	Select One	
* Credit Card Number:	• 4		
* Security Code (<u>Locate</u>):	CHOOSE THIS ONLY IF	.	
* Expiration:	CLUB IS PAYING FOR		
* Name On Credit Card:	MEMBERSHIP		
USAV Waiver Information	a delicita de la condecisión de	the second states of the secon	Martin and a Million of the Alline of the
Please click on all links below to view and read documents, the	ien check box to indicate acceptance.		
Please note: Parent/Guardian must provide information as well	Il as read and accept terms on behalf of the minor to	complete the registration process.	
USAV Waiver & Release of Liability			
• \square I represent that I have legal capacity and authority to ac	t for and on behalf of the minor named herein, and t	hat I have read and agree to the USAV Waiver & Release of Liability.	4
USAV Participant Code of Conduct			
 I agree to the USAV Participant Code of Conduct 		방법 김 영화 김 영화 영화 문제가 여기가 가지?	
Use Agreement		🗧 ser a s	
• 🔲 I agree that I will abide by the rules and guidelines rega	arding 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, an by USAV/RVA's authorized representative, under the condition	nd to have my name, image, picture, likeness, voice is specified by the USAV/RVA (the "Footage").	and biographical information otherwise recorded, in any media, during USA Vo	Ileyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events,
I hereby grant USAV/RVA, with no financial or other compensa promotion of the Sport, and (4) promotion of USAV/RVA, provid	ation due to me, full right and license to use, and to r ded that, in no event may the USAV/RVA use or auth	authorize third parties to use, in all media, the Footage for: (1) news and information orize the commercial use of the Footage in any manner that would imply my en	ation purposes, (2) promotion of the specific competition(s) in which I compete, (3) dorsement of any company, product, or service, without my written permission.
I hereby certify that the information provided is being done di of membership.	rectly by myself or by me, as the legal guardian repr	esenting 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
Please Note: If your Driver's License number is your Social Se	curity Number, please enter only the last four digits.		
For verification purposes, please enter the last four digits of th	e Social Security Number, or the Driver's License or	State ID number for the individual (Parent/Guardian) consenting above: *	← 5
		Confirm 6	