CAROLINA REGION, USAV
APPLICATION FOR SANCTION
VOLLEYBALL EVENTS & PRACTICES

In order to be eligible for liability and sport accident insurance coverage, **all** USA Volleyball events must be sanctioned, including practices. Please provide the following information to the Carolina Region in order to have your event sanctioned. This information will be kept on file to insure that your team is covered under the USA Volleyball liability and sport accident insurance. These policies are only in force for activities directly related to Carolina Region or USAV sanctioned events and organized practices **NOTED ON THIS FORM**. **NOTE:** Any practices or events held on dates or times that are not listed on this application or at a different site may not be covered by insurance. All Coaches, players, and participants must be current members of USA Volleyball at the time of the event listed in order to have coverage under USAV's insurance policy (all adults affiliating with Junior clubs must have cleared background screen BEFORE participating in the sanctioned event). If more than one date, time or facility is used, list **all. Times, dates, and facilities not listed on a Sanction Request Form will not be sanctioned.** Event Sanctions are good for the current Membership year only – September 1, 2009 through October 31, 2010. Submit additional Event Sanction Request forms to Region Office if you add additional facilities, times, dates, etc. during the season that are not listed on this form. Example of correct reporting of dates and times: "1:00 pm – 6:00 pm each Sunday beginning Nov. 1-May 6."

DEADLINES: Practice Sanction Requests are due at least 24 hours in advance of first practice (**There is NO sanction fee for practices that are sanctioned**). Non-Practice Volleyball Events (clinics, camps, developmental leagues) are due ONE (1) week in advance of the event to allow for review and approval and **require a $15 Sanction Fee with application**. Do not use this form to request a Tournament Sanction. There is a separate Request form for Tournaments available at www.CarolinaRegionVB.org/TrnDir/.

NAME OF TEAM/CLUB/EVENT: _____

TEAM/CLUB REP (w/ phone): _____

EVENT DATES & TIMES: _____

EVENT FACILITY/SITE: _____

FACILITY ADDRESS: _____

_____

_____

TYPE: ☐ Practices (free) ☐ Clinic ($15) ☐ Camp ($15) ☐ Developmental League ($15) ☐ Other ($15)

My organization agrees to abide by all USA Volleyball and Carolina Region rules and policies. We affirm that all facilities and equipment used are safe and all safety precautions will be used for the protection of our participants.

Signed: _____ _____
Team/Club/Event Representative Date

Return Form to:

Carolina Region/USAV
P.O. Box 1757
Clemmons, NC 27012
336.766.3501 fax

To be completed by Region office:

DATE RECEIVED: **SANCTION NUMBER: CR** **E**