**Southern California Collegiate Volleyball League (SCCVL) Membership Application**

*Instructions: Please complete all fields below. Incomplete applications will not be considered. Upon approval, teams must adhere to the* [*SCCVL Constitution and Code of Conduct*](https://cdn-app.teamlinkt.com/media/association_data/9514/site_data/images/library/files/SCCVL_2024-2025_Constitution.pdf)*.*

For more information about SCCVL, visit our website: <https://sccvl.org/sccvl/Home>

**Section 1: Team Information**

* **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Men’s Division or Women’s Division (Select One):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **University/College Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Team Division:** *Note:* New teams are automatically placed in the lowest division.
* **Primary Team Contact (Captain/President):**
	+ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Secondary Team Contact (Vice President/Coach/Other):**
	+ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Club Sports Director/Coordinator/Advisor:**
	+ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Team Roster & Membership**

Please attach a preliminary roster including names, student ID numbers, and email addresses of all participating athletes. A finalized roster must be submitted before the first competition.

* **Number of Players on Roster:** \_\_\_\_\_\_\_\_\_\_
* **Team Coach (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Club Affiliation (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: League Participation & Compliance**

*By checking the boxes below, the team confirms its commitment to SCCVL regulations. Failure to agree to all statements will result in ineligibility to join the league.*

* Does your team commit to participating in SCCVL-sanctioned events and tournaments?
* Does your team acknowledge and agree to abide by the [SCCVL Constitution and Code of Conduct](https://cdn-app.teamlinkt.com/media/association_data/9514/site_data/images/library/files/SCCVL_2024-2025_Constitution.pdf)?

Does your team have the necessary funding and administrative support to travel to SCCVL tournaments and competitions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Liability & Code of Conduct Agreement**

By signing below, the team representative confirms that:

* All participating athletes are current students at the university listed.
* The team agrees to uphold the [SCCVL Code of Conduct and Constitution](https://cdn-app.teamlinkt.com/media/association_data/9514/site_data/images/library/files/SCCVL_2024-2025_Constitution.pdf).
* The team accepts full responsibility for conduct, financial obligations, and adherence to league regulations.

**Primary Contact Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club Sports Director/Coordinator/Advisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Submission & Approval**

Please submit completed applications to SCCVL Commissioner, Jimmy Lundgren at jimmy@sccvl.org.

For general questions, please contact any of the following SCCVL Co-Commissioners:

* **Haleigh Hughes** - Email: haleigh@sccvl.org
* **Josh Manlutac** - Email: josh@sccvl.org

***Official Use Only:***

* Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Approved: [ ] Yes [ ] No
* SCCVL Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_