

# OUTLAW VOLLEYBALL CLUB

## PARENT/GUARDIAN AGREEMENT

ATHLETE'S FULL NAME \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

MOM EMAIL \_\_\_\_\_ DAD EMAIL \_\_\_\_\_

TEAM – DEVELOPMENT TEAM WED 6-8 PM - 2021 JUNIOR NATIONAL VOLLEYBALL SEASON

I (We), \_\_\_\_\_, agree to the following standards, expectations, and guidelines of the OUTLAW VOLLEYBALL CLUB as a parent/guardian of \_\_\_\_\_.

PARENTS/GUARDIANS are encouraged to support:

- The athlete to live up to the commitment made as a member of this Club.
- The Coaching staff of this Club.
- The athlete's efforts and progress.
- Open communication between athlete and coach.
- By assisting the Coach when ever possible with good communication to fellow team parents/guardians.
- By attending and offering input at parent meetings.
- By volunteering services and/or resources for Club functions.
- By accepting payment policy of this Club and adhering to its financial policies. Cost for this team is \$800.00. Deposit \$200 Nov, \$150 per month Jan-Apr.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I AGREE TO BEAR THE FULL COST OF TRANSPORTATION TO RETURN MY ATHLETE HOME SHOULD A VIOLATION OF UNACCEPTABLE CONDUCT/BEHAVIOR OCCUR.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date