

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 – POSITION SPECIFIC PROGRAM - 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 \$500.00. Deposit \$200 Dec, \$150 per month Jan-Feb.

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