## **OUTLAW VOLLEYBALL CLUB**

## ATHLETE/PARENT AGREEMENT

## **Verti Max Training**

ATHLETE'S	FULL NAME		
ADDRESS		CITY	
STATE	ZIP	SCHOOL	GRAD YR
PLAYER EMAIL		Birthdate	Position
MOM		EMAIL	
TEAM - VE	RTI MAX		
Ι		, agree to the follow	ving standards, expectations, and
guidelines as	an athlete and mem	aber of the OUTLAW VOLLEY	YBALL CLUB:
<ul> <li>An apmiss p</li> <li>A stro</li> <li>Good sidelin</li> <li>Athle</li> <li>OVC</li> <li>Cost in www</li> </ul>	opropriate notification practice for approve ong work ethic is exportsmanship is enes.  te is expected to use is not responsible for a second of the second	d reasons.  pected.  xpected at all times by all athle e good judgment regarding persor loss or damage of athlete's p an be made online via the Dona	w representative if athlete is ill or must tes, either on the court or on the conal care.
Athlete Signature		Date	e
Parent/Guardian	n Signature	Dat	e