

# OUTLAW VOLLEYBALL CLUB

## ATHLETE/PARENT AGREEMENT

### 2021 Summer Clinic – Position Specific

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

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

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRAD YR \_\_\_\_\_

PLAYER EMAIL \_\_\_\_\_ Position \_\_\_\_\_

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

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

TEAM - POSITION SPECIFIC PROGRAM - 2021 SUMMER

I \_\_\_\_\_, agree to the following standards, expectations, and guidelines as an athlete and member of the OUTLAW VOLLEYBALL CLUB:

- Athlete is expected to be at all practices according to set schedule.
- An appropriate notification is given to designated Outlaw representative if athlete is ill or must miss practice for approved reasons.
- A strong work ethic is expected.
- Good Sportsmanship is expected at all times by all athletes, either on the court or on the sidelines.
- Athlete is expected to use good judgment regarding personal care.
- OVC is not responsible for loss or damage of athlete's personal property.
- Cost is \$500 paid by June 1 or if paid by May 25, 2021, then cost is \$400. Payments can be made online via the Donations tab on the website at [www.outlawvolleyball.org](http://www.outlawvolleyball.org).

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date