

OUTLAW VOLLEYBALL CLUB

ATHLETE/PARENT AGREEMENT

Position Specific

ATHLETE'S FULL NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ SCHOOL _____ GRAD YR _____

PLAYER EMAIL _____ Birthdate _____ Position _____

MOM _____ EMAIL _____

DAD _____ EMAIL _____

TEAM - POSITION SPECIFIC PROGRAM

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 \$250. Payments can be made online via the Donations tab on the website at www.outlawvolleyball.org
- Facebook discount code _____.

Athlete Signature

Date

Parent/Guardian Signature

Date