

Parent/Player Signature Page

Handbook Consent form: Return this sheet to your Head Coach by January 7th, 2014

Team: _____

-

We, the parents/guardian of _____, have read the "Alliance Volleyball Club Policy Manual" concerning the policies and practices of Alliance Volleyball. We have read the information provided and understand the time and commitment involved in the practice and competition schedule. We have reviewed the fee schedule and agree to pay all fees regardless of the duration of participation. Understanding the stipulations and having discussed these with our child, we agree to and will support her participation in Alliance. We understand that once registered with and having participated with Alliance, the athlete will be unable to transfer clubs and compete in the USAV Regional and Junior Olympic Championships or AAU/JVA regional events or national championships.

I, _____, the athlete of Alliance, have read the "Alliance Volleyball Club Policy Manual" concerning the policies and practices of Alliance Volleyball and agree to follow these policies. I understand the commitment I am making to Alliance and that if I should choose not to follow the policies as expressed above and any additional boundaries set forth by my coach, my playing time may be restricted and I risk further consequences with Alliance.

By signing below, I confirm that I have read, understand and will abide by the rules, guidelines and policies of the Alliance Volleyball Club Handbook. I understand that my signature is required by the Alliance coaching staff for my child's participation and to ensure an enjoyable and successful club volleyball season.

I also am aware of the Alliance payment schedule and will ensure payments as follows (Participant costs, by age, can be found at www.alliancevbc.com)

Initial deposit of 40% of total fee due by Commitment Day, with remaining balance to be paid in three equal installments January 1st, February 1st, and March 1st. (see our website for specific amounts)

Parent or Guardian's Signature: _____

Parent's Name (PLEASE PRINT): _____

Date signed: _____

Player's Signature: _____

Player's Name (PLEASE PRINT): _____

Date signed: _____

Player Age: _____

-

Photograph consent form

I irrevocably consent to and authorize use of my comments and/or photograph or likeness, thereof, for advertisement, public relation, promotion or any other non-profit purpose(s) by Alliance Volleyball Club. I agree to waive any present or future claim for compensation or consideration. I also waive my right to inspect or approve the finished product, including written copy that may be created.

Player Signature

Date

Parent or Guardian's Signature

Date

Please return completed signature form to Alliance office on or before Tuesday January 7th. Players will not be allowed to participate in team practices until this form has been completed.