



# West Coast Volleyball Club

## 2018-2019 Player/Parent Contract



This is to certify that I, \_\_\_\_\_,  
have agreed in principle to join West Coast Volleyball Club for the 2018-2019 season.

The athlete and parent/guardian:

Initials

Athlete

Parent

- will adhere to Volleyball BC rules, regulations and policies which include the Volleyball BC code of conduct as found on their website <http://www.volleyballbc.org>
- have read and understood WVCV's Athlete Contract (See WVCV website)
- have read and understood WVCV's Parent/Spectator Contract (See WVCV website)
- have read and understood WVCV's Playing Time Policy (See WVCV website)
- have read and understood WVCV's Social Media + Online Communication /Personal Information Protection/ Travel Policies (See WVCV website)
- will adhere to pay all club fees and costs associated with West Coast Volleyball Club (which includes travel expenses)
- understand the potential health and safety risks associated with the sport of volleyball, and understand that West Coast Volleyball Club will not accept any liability for injury, loss, damage or expense suffered by any Participant as a result of participation
- to inform my coaches of any pain or discomfort that I may experience during practices and tournaments
- will adhere to a 48 hour cooling off period before contacting a coach or club director for matters that requires attention, and will ensure meetings will be discussed in a professional manner so a positive solution can arise

_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

I have read and understood the above information and agree to commit to West Coast Volleyball Club for the 2018-2019 season, as sanctioned by Volleyball BC. I accept this contract, is binding for upon my heirs, next of kin, executors, assigns and representatives in the event of a serious injury and/or death. By signing this document I am waiving certain legal rights, which I or my heirs, next of kin, executors, assigns and representatives against West Coast Volleyball Club.

\_\_\_\_\_  
Athlete (Print Name)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (Print Name)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Director (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date