

2019-2020 IndustryVBC Junior Club Volleyball Program Girls National Championship TRAVEL Team Club Season and Financial Commitment



INDUSTRY
vbc.

Name of Participant (print clearly) _____

The parent(s)/guardian(s) understands that participation in The Elite Volleyball Club Inc., dba. Industry VBC ("Industry") is a membership for the player beginning Monday, August 5, 2019, and concluding after their National Championship event. The parent/guardian acknowledge that, because mandated club team tryouts are only held once a year, Industry's ability to replace players is extremely difficult and highly unlikely. Thus, each player's commitment to Industry is for the entire season, both physically and financially. Because all costs are based on full team rosters for the entire club season, it is imperative to Industry's club and team operations that players pay all membership dues in full regardless of the player's ability to complete her season. **By agreeing to club membership on Industry's 2019-2020 National Championship Travel team, each player and her parent(s)/guardian(s) agree that they shall make all payments pursuant to the full financial obligation terms described below. All payments shall be made in full regardless of the player's ultimate ability to complete her season for any reason and shall be deemed non refundable.**

INDUSTRY VBC
9227 Reseda Blvd #248
Northridge 91324

PHONE
818-325-6151

FAX
866-537-4431

EMAIL
info@industryvbc.com

WEB
www.industryvbc.com

Industry VBC National Championship Travel Team

\$5500 club membership dues + \$65 SCVA player registration

Industry National Championship Travel Team Membership Dues/Fees shall include:

- Membership in program with instructors/coaches
- Program instructors/coaches' stipends
- All regularly scheduled team practices, including gym rental
- All SCVA tournament entry fees
- Entry into local J.O. qualifier or West Coast Cup. Additional events or travel is not included and shall incur additional costs.
- Full Uniform package - uniforms, warm-ups, backpack, practice shirts and all embroidery and screening
- Training equipment - volleyballs, carts, bags, and all necessary volleyball training equipment
- One complimentary assessment session with our sports nutritionists with additional sessions at club members price \$30
- **Additional training package, a minimum of 24 sessions, valued at \$600, which includes all extra skill training and physical conditioning sessions during the club season**

National Travel Commitment - See terms contained in Addendum attached hereto.

Membership Rules

- **Industry operates in age groups but often, can and will move players to teams which best suit the player's ability and the program's success**
- All parents and players release rights to all video, photos and media taken by or given to Industry
- All parent/staff, player/staff, and parent/player/staff conversations and meetings may be recorded for training purposes.
- **All club dues and fees are considered payments toward membership in Industry and shall be deemed non-refundable and due in full irrespective of a players ability to complete a season for any reason.**
- Your player's coach is the primary contact and point of communication for all issues, including regarding training, practices and tournaments.
- Players/Parents shall discuss any issues and/or grievances relating to club participation privately and not at a tournament or practice.
- Players/Parents may make email appointments with coaches or the club director requesting an in-person meeting to discuss any issues that cannot first be resolved through direct player to coach discussion.
- Players/Parents may always call the Industry office at any time with any inquiries or to set up a meeting.
- Players/Parents understand that any violation or disregard of these rules can result in the player's or parents suspension from Industry.

Parents Initials: _____



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Club Dues payment Options -Please circle one - Payments can be setup on direct debit or paid through the Industry website/paypal or credit card for a 3% cc charge

Only one discount can be applied towards club dues. ex.summer discount cannot be applied to the paid in full discount.

a) Pay In Full - \$5100: due on August 5th and includes a \$400 discount

b) Split Pay - \$1000 Registration due on August 5th with \$2250 due on December 1st and February 1st

c) Quarter Pay - \$1000 Registration due on August 5th with \$1125 due on the 1st, Nov-Dec-Feb-March

d) Monthly Pay - \$800 Registration due on August 5th with \$470 due on the 1st (or preferred date) of each month September through June

- ⊙ **I have chosen payment option (circle one) A B C D**
- ⊙ **I shall make all payments in full regardless of my player's ability to complete the season.**
- ⊙ I shall remain responsible and liable for all payments due for the 2019-2020 club season, even if I choose lower monthly payments and/or extend payments beyond the club season.

Parent Signature _____
Date _____

Player Signature _____

**2019-2020 IndustryVBC Junior Club Volleyball Program
National Championship Travel Team
Travel Commitment Addendum**

Players and parent(s)/guardians understand that the player's commitment to a National Championship Travel Team at The Elite Volleyball Club Inc., dba. Industry VBC ("Industry"), shall involve out-of-state travel events that are subject to the following terms.



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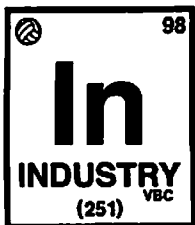
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- Industry club membership dues do **not** cover travel expenses for out-of-state tournament events.
- Industry's National Championship Travel Teams will attend two out-of-state competitions, a Junior Olympic Qualifier or AAU equivalent, and the AAU National Championships, with travel dates to be determined.
- Players and parent(s)/guardian(s) understand that travel to these out-of-state competitions is contingent upon securing two parent/guardian chaperones of rostered players. Players and parent(s)/guardian(s) understand that travel events can be cancelled if two parent chaperones are not secured.
- It is an unfair burden to both the team and Industry for any committed travel team player to not travel or pay her proportional share of travel costs. Therefore, all travel team players are required to pay their full travel dues regardless of their ability to travel or complete the season for any reason.
- Each rostered player is responsible for her proportional share of the financial burden incurred by the team for all travel events and, thus, Industry shall calculate all event costs based on the full team roster.
- Estimate out-of-state travel costs are \$2800 for the 2019-2020 season can be paid in full, quarterly or monthly installments.
- If costs exceed this \$2800 estimate, each rostered player shall pay her proportionate share of the additional fees.
- If costs incurred are less than the \$2800 estimate, Industry shall apply each player's overpayment to that player's outstanding club membership dues, if any.
- Any National Championship Travel Team player who is not current on her club membership dues payment or travel payment may forfeit her spot on the team's roster.

Parent Signature _____
Date _____

Player Signature _____



The Elite Volleyball Club Inc. DBA Industry VBC ("Industry")
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The Industry VBC.

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F:866-537-4431
W:<http://www.elitevbc.com>

To all Industry VBC Clients:

If you would like a hard copy of any or all invoices you must email us the request at info@industryvbc.com. This form confirms your agreement to be direct debited so that club dues payments shall be withdrawn directly from the account you choose.

Please complete the bottom portion of this letter and return it to us.

If you would like to receive hard copies of your invoices, please mark your preference below.

I would like to receive my invoices by email _____ fax _____ (please X after your preference)

My email address is _____

I understand and agree that a withdrawal will be made from my checking account or account of my choice for the membership services rendered by The Elite Volleyball Club Inc. DBA Industry VBC ("Industry").

Please attach a voided check or necessary account information.

I agree to have payment withdrawn from my account as described above.

Signature _____

Print Name _____

Signature _____

(if two parties need to sign)

Print Name _____

SCVA Letter of Commitment – Junior Girls

(Non San Diego Members)

DO NOT SIGN WITHOUT READING CAREFULLY. DO NOT SIGN PRIOR TO AUGUST 6, 2019 (15-18&UNDER AND ALL HIGH SCHOOL AGED PLAYERS) OR OCTOBER 8, 2019 (14&UNDER).

This requirement has been created to protect the player and parent/guardian as a member of a club.

1. **Basic Penalty.** I understand that by signing this letter. I am committed to joining the club named with this document for the entire 2019/2020 season. If I compete for another club, I may be subject to suspension for the remainder of the season.
 - a. **Early Signing Period.** A player who signs a Letter of Commitment before August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) is subject to suspension for the entire season. A club representative may not ask a player to sign prior to August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) either.
 - b. A player may not sign a Letter of Commitment before August 6, 2019(15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under) regardless of the date of the tryout. A player who signs a Letter of Commitment or a club that allows a player to sign at a tryout date prior to August 6th (15-18&under) or October 8th (14&under) is subject to suspension for the entire season. Under no conditions may the Letter of Commitment be pre-signed or pre-dated before this time frame. In turn, no deposit monies, team or club fees can be collected before August 6, 2019 (15-18&under) or October 8, 2019 (14&under).
 - c. **Only One Letter of Commitment Permitted.** A player who signs more than one Letter of Commitment with more than one club is subject to suspension for the entire 2019/2020 season.
2. **Verbal Commitments.** A player may commit verbally to a club prior to August 6, 2019 (15-18&under AND ALL HIGH SCHOOL AGED PLAYERS) or October 8, 2019 (14&under). A verbal commitment is not binding. The player may revoke the commitment at any time, before signing the Letter of Commitment, without penalty.
3. **Recruiting Ban after Signing.** I understand that all clubs are obligated to respect my signing and shall cease to recruit me upon my signing this document. I shall notify any recruiter who contacts me that I have signed.
4. **Club Signatures Required Prior to Submission to the SCVA.** This document must be signed and dated by the Club Director before being submitted to the SCVA along with other registration documents.
5. **Parent/Guardian Signature Required.** My parent, or legal guardian, is required to sign this Letter of Commitment if I am less than 21 years of age at the time of signing.
6. **Falsification of Letter of Commitment.** If I falsify any part of this Letter of Commitment, including the date, I understand that I am subject to suspension for the entire 2019/2020 season.
7. **Nullification of Other Agreements.** My signature on this Letter of Commitment nullifies any agreements, verbal or otherwise, which would release me from the conditions stated within this document.
8. **Binding Agreement.** I understand that I have signed this Letter of Commitment with the club and not with a particular individual. If the coach or any player(s) leave the team, I remain bound by the provisions of this document for the entire 2019/2020 season. I certify that I have read all terms and conditions in this document. I have discussed them with the club representative named within, and I fully understand, accept, and agree to be bound by them.

NOTE: IT IS A VIOLATION OF SCVA POLICY TO POST-DATE THIS DOCUMENT

Club Name: _____

Team Name: _____

Player's Name: _____

Player's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's Phone #: _____

Parent's Email: _____

Club Director: _____

Director's Signature: _____ Date: _____



2019-2020 INDIVIDUAL MEMBERSHIP FORM

This application, the USAV Code of Conduct and Waiver and Release of Liability must be read and signed before the USAV registrant/RVA member listed on the application is allowed to take part in any sanctioned activity (by example only: training, competition, practice/warm-up sessions, meeting or testing sessions). This application must be completed legibly, only by the applicant and/or his/her parent/guardian, with accurate personal information that pertains to the applicant. Membership with USA Volleyball is individual and is not transferable from one person to another. Additional RVA requirements may apply.

MEMBERSHIP APPLICATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

Check box if name has changed in the past year. If yes, please provide previous name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

CLUB NAME: _____

****Required for all Junior Club Staff: Social Security # _____ - _____ - _____ (For Adult Staff Membership Only)

GENDER: Male Female E-MAIL: _____

JUNIORS ONLY:

GRADE (2019/2020 School Year) _____ HOME PHONE: _____

HIGH SCHOOL GRAD YEAR _____ CELL PHONE: _____

- Check if you do NOT wish to receive USAV e-newsletters
- Check if you are disabled physically (for Paralympic Talent ID)
- Check box if you do NOT wish to be on USAV master 3rd party list.
- Check if you are hearing impaired/deaf (for USA Deaflympic Talent ID)
- Check if you do NOT wish to receive Region e-newsletters
- Check if you have served in the armed forces

USA Volleyball is committed to diversity. This information is used to report aggregate data to the United States Olympic Committee. Please check one of the following:

- I choose not to respond
- American Indian or Alaskan Native, not Hispanic or Latino
- Black or African American, not Hispanic or Latino
- Two or more races, not Hispanic or Latino
- White, not Hispanic or Latino
- Asian, not Hispanic or Latino
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Membership Options (Annual fees per person)

<input type="checkbox"/> Adult Staff Membership	\$85.00	<input type="checkbox"/> Adult Player	\$65.00
<input type="checkbox"/> Senior Player Membership (Age 60+)	\$35.00	<input type="checkbox"/> Referee Membership	\$65.00
<input type="checkbox"/> Junior Membership	\$65.00	<input type="checkbox"/> Extended Official:	\$10.00
<input type="checkbox"/> Chaperone Membership	\$65.00	<input type="checkbox"/> Optional Donation to USA Team Programs. *	\$5.00

*\$1 will be donated to each: Men's and Women's National Teams, High Performance Girls and Boys and Regional Junior Development

Participant Role(s)

(Check all that apply – Depending on selection, additional requirements may apply)

- Player Head Coach Club Director Team Rep Chaperone Referee Other _____

ACKNOWLEDGEMENT/USE AGREEMENT

- I, a prospective or current member of USA Volleyball and/or one of its Regions, agree to abide by and be bound by the applicable Bylaws, rules, regulations, Code of Conduct, competition rules of USA Volleyball, as well as the safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport, as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for SafeSport and agree that any sanctions imposed by the Center extend to my participation in all USA Volleyball events or activities, or events and activities of other NGBs, and may be posted publicly and include information regarding the misconduct involved.
- I agree that I will abide by the rules and guidelines regarding club affiliation as established by the Regional Volleyball Association in which I am applying for membership.
- I hereby agree to be filmed, video, audio, digitally recorded and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any and all forms of media now existing or hereafter developed (the "Media"), during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by USAV/RVA (the "Footage").
- I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all Media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete or other USAV/RVA-sanctioned events, (3) promotion of the Sport, (4) promotion of USAV or RVA, or both, (5) the promotion of players for recruiting or scouting purposes, or (6) for educational purposes, provided that, in no event may USAV/RVA use or authorize the use of the Footage in any manner that would directly imply my endorsement of any company, product, or service, without my written permission.
- The current FIVB Sports Regulations stipulate that the Federation that is the first to issue a national license for the player is considered to be the player's Federation of Origin regardless of the player's citizenship. The current FIVB interpretation of "issue a national license" means registering with the Federation (in our case, USA Volleyball). Therefore, please be advised that if you register with USA Volleyball, and subsequently desire to represent another country in international competition, you may be subject to the FIVB regulations regarding "Change of Federation of Origin," which includes the payment of significant fees to the FIVB and review and approval of such application by the FIVB.
- I hereby certify that the information provided herein is being done directly by myself or by me, as the legal guardian representing a minor, and that it is true and accurate to the best of my knowledge. I also understand and agree that incomplete or false information is grounds for denial of membership.

Participant's Signature (regardless of age): _____ Date signed: _____

If applicant is under 18 years of age:

Parent/Guardian's Name: _____ Parent/Guardian E-Mail: _____

Parent/Guardian's Signature: _____ Date signed: _____

SIGNATURE REQUIRED

**REQUIRED FOR PARTICIPATION: Total of 4 signature(s) for Junior participant and parent – 2nd thru 4th signatures on 2nd page
Total of 3 signature(s) for Adult participant–2nd and 3rd signature on 2nd page**

USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I **WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I **INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Participant's Signature (regardless of age): _____ Date signed: _____

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the applicant (_____ [minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in USAV/RVA events.

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

USA VOLLEYBALL CODE OF CONDUCT

THE FOLLOWING ACTIONS ARE PROHIBITED:

1. Violation of any anti-doping policies, protocols or procedures as defined by the International Olympic Committee (IOC; www.olympic.com), World Anti-Doping Agency (WADA; www.wada-ama.org), Federation Internationale de Volleyball (FIVB; www.fivb.com), US Anti-Doping Agency (USADA; www.usada.org) or the United States Olympic Committee (USOC; www.teamusa.org). Violations of this provision will be adjudicated only by USADA or the proper anti-doping authority, not USA Volleyball (USAV).
2. Violation of safe sport rules, policies and procedures promulgated by the U.S. Center for SafeSport (www.safesport.org), as they may be amended from time to time.
3. Possession, consumption or distribution of alcohol and/or tobacco if illegal or in violation of USAV or Regional Volleyball Association (RVA) policy.
4. USAV policy prohibits the possession, consumption or distribution of alcohol and/or tobacco by anyone registered as a junior volleyball player at the event venue of any USAV/RVA sanctioned junior event.
5. Use of a recognized identification card by anyone other than the individual described on the card.
6. Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed.)
7. Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons at USAV/RVA sanctioned events.
8. Any action considered to be an offense under Federal, State or local law ordinances.
9. Violation of the specific policies, regulations, and/or procedures of the USAV, RVA or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations and procedures.)
10. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
11. Physical or verbal intimidation of any individual.
12. Actions that will be detrimental to USAV or the RVA.

USA VOLLEYBALL DISCIPLINARY POLICY:

Infraction	When Occurred	Suggested Maximum Penalty
First	Before or during event	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership for one year starting from the date of infraction.
Second	Before or during event	Individual disqualified (if person is a junior, he/she will be sent home as soon as possible and parent or guardian notified). The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
	After event concludes	The individual may be declared ineligible for USAV registration or RVA membership for two years starting from the date of infraction.
Third		Individual may be declared ineligible for USAV registration or RVA membership for the remainder of his/her lifetime.
NOTE:		Major misbehavior (e.g. verbal or physical abuse of a child, sexual harassment, etc.) may subject the violator to a lifetime ineligibility for USAV registration or RVA membership after the first infraction.

Sanctions are applied after affording the participant due process that may be required by the Ted Stevens Olympic and Amateur Sports Act (TSOASA), USOC, USAV, and RVA. Appeals, other than for doping violations and matters under the jurisdiction of the U.S. Center for SafeSport, may be made in accordance with procedures set forth in the bylaws and operating codes of USA Volleyball and the RVA respectively. USADA and the U.S. Center for SafeSport retain the sole ability to determine any and all sanctions in those matters under their respective and exclusive jurisdictions..

- I have read and understand the USA Volleyball Code of Conduct and Disciplinary Policies
- I agree and consent to abide by the USA Volleyball Code of Conduct and Disciplinary Policies and other region specific code of conducts and/or disciplinary policies.
- I understand that, if I violate the USAV and/or RVA Codes of Conduct, I might be subject to disciplinary action in accordance with USAV and/or RVA Disciplinary Policies.

Participant's Signature (regardless of age): _____ Date signed: _____

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

SCVA Club Participation Agreement

I agree that I will be affiliated with the above named club for the 2019/2020 sanctioned season, and that I am aware of the Junior Player Eligibility Requirements. I am aware that for a club to be eligible for regional competition the club and the individual must abide by the tryout dates and commitment dates established by the SCVA.

Participant's Signature (regardless of age): _____ Date signed: _____

Parent/Guardian's Name (if registrant is under 18 years of age): _____

Parent/Guardian's Signature: _____ Date signed: _____

SIGNATURE REQUIRED

SIGNATURE REQUIRED

SIGNATURE REQUIRED



USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: _____ Team Name: _____

Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____

City, State & Zip _____

Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____

Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____

Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: Yes No

If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____

(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: _____ Date: _____

Parent/Guardian

or

I do not authorize emergency medical/dental care for my daughter/son.

Signature: _____ Date: _____

Parent/Guardian



IndustryVBC Parent contract & commitment of support:

- Parents shall never discuss any playing time issues at tournaments, ever. Thus, parents shall refrain from distracting coaches and/or players during competition and practice.
- Player to coach interaction is the first outlet for any player concerns, not parent coach interaction. Should parent coach interaction become necessary it must be through prearranged times and dates to discuss concerns.
- *Parents will refrain from distracting coaches and/or players during competition and practice.*
- Parents acknowledge that for a successful team effort, only one person can be in charge, and for this team that person is the coach.
- Parents acknowledge that the team coach is the primary contact in regards to training, practices and matches and that player coach communication is mandatory.
- All parents will respect all coach's decisions.
- Parents agree to abide by all contracts, rules and guidelines outlined in any and all Elite contracts and/or paperwork.
- Parents acknowledge that the commitment to the club is also a financial commitment and regardless of whether or not their athlete can or does finish the competition season under any circumstances, they assume responsibility for completing all payments, and completing them in a timely manner.
- Any difference of opinion that a parent may have with the coach will be discussed with the coach in a civil manner and at a time and place NOT in the presence of any team members.
- Anything that cannot be resolved to the mutual satisfaction of the coach and parent will then be addressed to the Club Director, again, NOT in the presence of team members or other persons, and at a time mutually convenient.
- Any discussion about team or players will include only my child, his/her abilities and what he/she needs to do to achieve what Industry is looking for from the team and club.
- I will make every effort to see that my child abides by the pledge she signed.
- This includes providing written / email notice in a timely manner, if my child cannot attend a practice or a tournament due to extenuating circumstances.
- I will be supportive of my child's full participation with the Elite/Industry VBC including but not limited to attending all practices and tournaments, speaking only positively about coaches, players and program in regards to ours and others, healthy eating and sleeping habits, and following all club training guidelines and directives both inside they gym and out.
- I will enthusiastically support the whole team and show good sportsmanship toward all members of this team and all members of opposing teams, at all times and under all circumstances.
- I recognize and accept that I am the adult, and that I set the tone for this behavior.
- I release all rights to any media taken before, during or after tryouts, clinics, practices or training including but not limited to photos and video understanding that it may be used for promotional or training purposes.
- I understand that all parent/staff, player/staff, and parent/player/staff meetings may be recorded for training purposes.
- I understand, accept and will abide by these goals, rules, and standards of conduct. I also understand that any non-compliance can be cause for Industry to suspend the parent and/or player.
- Regardless of any extenuating circumstances players and parents are required to complete all club payments and all payment obligations.

Parent(s)/Guradian(s) Signature _____

Printed Name _____ Date _____

IndustryVBC PLAYER CONTRACT



Practice / Tournament Rules:

- Players are expected to attend every practice.
- Players acknowledge that while we operate in age groups we sometimes move players to teams which best suit the players ability and our club program.
- All players must remain at any practice, competition or tournament site until they receive permission from their coach to leave.
- Players are required to be at the gym at least 15 minutes prior to their scheduled practice time.
- Players must be completely prepared both mentally and physically (shoes, kneepads etc.) to begin practice at the scheduled start time.
- If a player must miss a practice an email at least 24 hours in advance to their Head Coach and the Club Director is required.
- If a player must miss a practice unexpectedly, a phone call must be made to their Head Coach prior to the practice.
- A written / email notice is mandatory if a player cannot make a practice or tournament due to extenuating circumstances; this notice should be sent to their Head Coach and the Club Director.
- If a player misses a practice that is unexcused then they may have to sit out 1 practice. Missing the practice before a tournament could potentially sit you out of at least the first match on tournament day.
- All club and facility equipment must be properly cared for and accounted for.
- All players are required to participate in all physical conditioning activities and drills unless excused by a doctor or the coach.
- All players are expected to fulfill all outside training assignments.
- Players understand that their commitment to their team and club is a commitment for the entire club season regardless of any extenuating circumstances.

Players Standard of Conduct:

- Coaches' decisions regarding conduct, meetings, meals, and schedules are final, both at practice and for games and tournaments.
- A serious difference of opinion may only be addressed at a later time, by contacting the Club Director.
- A player must report all physical injuries or any illness to the coach.
- No derogatory or negative comments about players, coaches or clubs.
- All players 15 and older must maintain a minimum level of fitness, which will be determined by hydrostatic weighing and body weight. If body fat percentage increases by more than 2% or body weight increases by more than 8% this will be deemed non compliant and could result in suspension. Players are expected to maintain a healthy lifestyle.
- Players shall not consume any alcohol, tobacco, or drugs.
- Players must notify and receive approval from coaches or the Club director for use of any non-prescription and/or prescription drugs.
- Players shall maintain healthy eating and sleeping practices as part of a daily routine.
- Players must be on time for all team commitments.
- Players are expected to attend every tournament.
- All players will abide by the rules established for scrimmage and tournament facilities, both locally and in other cities.
- Only good sportsmanship conduct toward fellow players and toward opposing team players will be tolerated.

I release all rights to any media taken before, during or after tryouts, clinics, practices or training including but not limited to photos and video understanding that it may be used for promotional or training purposes.

I understand, accept and will abide by these goals, rules, and standards of conduct. I understand that all player/coach, parent/coach and player/parent/coach meetings including team meetings may be recorded for training purposes. I also understand that any non-compliance can be cause for my playing status release from Industry and that being suspended or released from playing status does not alter my financial obligation.

Signature _____

Printed Name _____

Date _____