

Parent/Player Contract

My main goal is to become the best player I can be. Only I am responsible for my own actions. I am fully committed to HOV Juniors and therefore will:

- ***Conduct* myself in a manner to bring credit and prestige to myself and the program.**
- ***Budget* my time to meet all the responsibilities of work, learning and other personal areas.**
- ***Attend* every possible practice, tournament and team function. If I am unable to attend, I will personally notify my coach.**
- ***Be ready* for practice on "Lombardi time" (15 minutes early).**
- ***Pursue* mental and physical conditioning outside of practice.**
- ***Communicate*, both on and off the court, with my teammates and coaches for mutual understanding.**
- ***Discipline* my body, including adequate sleep, a healthy diet, and ABSTAIN from alcohol, tobacco and illegal drugs.**
- ***Recognize* the unique aspects of volleyball, yet learn from my mistakes and never make excuses or lay blame.**
- ***Accept* all coaching comments and assignments only as ways in which the team and myself might improve.**
- ***Ignore* the errors of my teammates, as I believe no one is trying to make a mistake.**
- ***Support* the full effort and good skills my teammate exhibit.**
- ***Perform* with full effort and intensity to the best of my ability in all training and competitions.**
- ***Concentrate*, never cause distractions, or worry about worrying.**
- ***Clean* our tournament area and practice facility of all trash. Leave the area as I found it, if not better.**
- ***Realize* that a team is made up of individuals and everyone cannot start. Accept my role on the team and what it takes to be the best.**

Player's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent Contract

I have given permission for my child to participate in HOV Juniors. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the financial obligations of participating, with the following in mind:

- **Team selections are made by the HOV Director, Director of Coaches and Player Development and a group of coaches; I trust their judgment and will be supportive of my child and the team.**
- **Tournaments are played on Saturdays and/or Sundays and players are expected to attend all tournaments that the team enters.**
- **Playing time is not guaranteed and is left to the discretion of each coach.**
- **The registration fee is not refundable if we choose not to participate, regardless of the reason.**
- **Team fees for HOV travel are \$_____ National Team and \$_____ Regional Team. Payment schedule will be included in player's acceptance letter.**
- **Additional fees may be required if a coach/team wants to enter additional tournaments**
- **Included in these fees are: uniforms (excluding bags and warm ups), practice facilities/equipment, coaches' education/travel/salaries, tournament entry fees, and program administration.**
- **Parents are responsible for making their own travel arrangements.**
- **Players will have the opportunity to raise money to offset their individual expenses.**
- **Payments may be made by debit card on our website, mail cash or check to Central Virginia Volleyball--HOV Juniors.**
- **Players will immediately become ineligible to participate if any payment is not received on time and will remain so until the account is current.**
- **Parents are encouraged to read the age-specific curriculum and HOV Juniors Travel Rules posted on the CVV website—www.cvvolleyball.org**

Parent's Signature _____ Date _____

- **I give permission to CVVB to use my child's picture or likeness, which may be taken at any sanctioned activity or event for the use in advertising, promotional material, web-site, displays, or publications.**
- **I authorize Central Virginia Volleyball, Inc. to share player data with our partner the City of Lynchburg as well as other coaches, representatives, and recruiting agencies for the sole purpose of student-athlete recruitment.**

Parent's Signature _____ Date _____



Central Virginia Volleyball, Inc.
HOV Junior's 2016-2017

Office Use Only
USAV# _____
Age Group _____
Uniform # _____
Try-Out Fee\$ _____
Ck# or \$ _____
Remaining Fee\$ _____

Player Information

Player's Name: _____

Address: _____

Player's Cell # _____

Player's email address: _____

Date of Birth: _____ Age as of September 1st: _____

School: _____

Grade: _____

Graduation Year: _____

Dominate Hand: Right or Left Uniform Size: XS S M L XL (Adult Sizes)

Height: _____ Positions Played: _____

If you do not make a National Team, do you want to be considered for the Regional Team? (circle one) yes or no

Would you like to be considered for the Regional Team only? (circle one) yes or no

Try-Out Info:

Vertical Reach: _____

Block Jump: _____

Attack Jump: _____



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Parent Information

Mother's Name: _____

Mother's Cell #: _____

Father's Name: _____

Father's Cell #: _____

Home Phone #: _____

Email address for CVVB Communication: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Relationship: _____

Once you have completed this page, please proceed to the following Forms:

- Complete and Sign the Player and Parent Contract.
 - Complete the USA Medical Release Form.
 - Complete USAV Web Registration

(www.cvvolleyball.com, click on resources, then links, then Webpoint)

We apologize for the duplication of information, but each of the forms must be distributed to different locations. Please complete all forms in full and call 434-941-6158 if you have any questions.

Mail Paperwork to: Central Virginia Volleyball P.O Box 4575 Lynchburg, VA 24502.



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

I do not authorize emergency medical/dental care for my daughter/son.
 Signature: _____ Date: _____
 Parent/Guardian