



LEAYSA Volleyball Player Protection Form

Date: _____

This form is to notify the LEAYSA Volleyball Board that _____, will play the _____(year) (Fall, Spring) Season on _____ (team name) with Coach_____.

By signing this form the above mentioned player agrees to play for the above mentioned team and coach for the season referenced above. In addition no other team(s) may recruit the above mentioned player once this form has been signed and received by the LEAYSA Volleyball Board. In the event the player wished to reverse her decision, the player's parents/guardian must submit in writing to the LEAYSA Volleyball President (president@leaysa-volleyball.com) their reason(s) for not wanting their child (ren) to be protected by the above coach. The LEAYSA Volleyball Board will make a determination at that point. All Board decisions are final.

TEAM NAME: _____ PLAYER NAME: _____

PARENT NAME: _____ PARENT SIGNATURE: _____

HEAD COACH: _____ HEAD COACH SIGNATURE: _____

Are you a returning player to the above mentioned team Yes No. If Yes, uniform No.

Please provide the completed form to your Coach for signature. The coach is responsible to email (scan) form to: president@leaysa-volleyball.com or provide to LEAYSA Board member at registration onsite.

Thank you,

LEAYSA Volleyball Board