



LOVELAND VOLLEYBALL CLUB

Waiver and Release

Player Name _____ Email _____ Phone _____
Parent's Name _____ Email _____ Phone _____
Emergency Contact _____ Phone _____

Waiver & Release for Loveland Volleyball Club

IN CONSIDERATION OF the registrant named above being allowed to participate in any Loveland Volleyball Club program(s), including but not limited to tryouts, leagues, tournaments, practices, camps, clinics, drop-ins and/or other athletic sports programs and recreational team activities (hereinafter the "Activities") I, the legal parent or guardian of the registrant, a minor, acknowledge and agree to the following:

- 1. I hereby give my approval for the registrant's participation in the Activities and that she is physically able to engage in the Activities without harm to self or others.
2. I recognize the possible risks of physical injury associated with the Activities, including risk of serious injury, permanent disability or death. Not all risks are foreseeable. For myself, spouse and registrant, I freely and knowingly assume all such risks, both known and unknown, and assume full responsibility for my registrant's participation.
3. I, for myself, my spouse, the youth and on behalf of my /our heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Loveland Volleyball Club and its affiliated organizations, sponsors, members, officers, agents, staff, and associated personnel whether paid or volunteer against all claims, demands and causes of action relating to said risks resulting from participation in these Activities.
4. I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evaluation and rescue expenses resulting from the registrant's participation in these Activities. I give consent for emergency medical care as deemed necessary through Emergency personnel, licensed Medical Practitioner or Doctor. This care may be given under emergency conditions as necessary to preserve the registrant's life, limb, health, or well-being.
5. I agree that the registrant and I will abide by all policy and rules of Loveland Volleyball Club, their affiliated organizations, sponsors and facility

I represent that I am the legal parent or guardian of the player/registrant listed or I am an adult signing for myself.

I CERTIFY that I have read the above acknowledgements and agreements, and I fully understand, I knowingly and voluntarily agree to the terms thereof.

Legal Parent/Guardian Signature Printed Name Date

Registrant Adult (18+ years) Printed Name Date



Loveland Volleyball Club (LVBC) Athletic Responsibilities and Player Code of Conduct

As an LVBC Player, I will:

1. Set a good example of successful choices and character on the court, in the classroom and outside of school.
2. Be willing to commit 100% to club volleyball and my LVBC team during the entire season.
3. Show good sportsmanship and respect for my teammates, coaches, opponents, officials and parents.
4. Keep things in perspective and always strive toward a positive attitude.
5. Take responsibility for my own behavior and choices.
6. Keep winning and losing in perspective. LVBC is contracted to develop volleyball athletes and not about "winning at all costs."
7. Not swear at any time. I know that profanity or inappropriate gestures toward teammates, coaches, opposition, officials or crowd will not be tolerated and consequences will be implemented.
8. Maintain honest, open communication and I will cooperate with my teammates, coaches, and parents.
9. Work to improve fundamentally and emotionally, as well as to become a better athlete and develop higher self-esteem.
10. Set realistic goals and strive for my personal and team success and make successful choices to move positively toward them.
11. Support my teammates while they are playing and I will always be prepared for activity. I also understand that substituting is a way of providing opportunities for more athletes to participate in the game and will remember this when I am taken out of a game.
12. Support my teammates at all times. I know this is a TEAM sport, I will embrace it.
13. Keep my differences with my teammates, friendships, lack of friendships out of the gym and focus on being a good teammate and giving my best for the TEAM.
14. Not talk or text negatively about my teammates or coaches behind their back. I understand that our goal is to build each other up and not tear each other down.
15. Learn the fundamentals for the game and execute the fundamentals to the best of my ability.
16. Be loyal, be coachable, be open, be motivated, and be dedicated.
17. Not participate ill, hurt, injured or under the influence of drugs, alcohol or any performance enhancing substance.

Team Rules/Expectations:

No swearing at any time. Profanity or inappropriate gestures toward teammates, coaches, opposition, officials or crowd will not be tolerated at any time. Players choosing to be disrespectful will immediately be removed from playing, practicing or participating in any activity, event or competition as well as risk the chance of being removed from the team.

➤ ZERO TOLERANCE PRACTICES & TOURNAMENTS

1. 1st violation = 5 minutes removal from court
2. 2nd violation = 15 minutes removal from court
3. 3rd Violation = sit out one game of one match
4. 4th Violation = Sit out tournament
5. 5th Violation = Removed from Club
6. Violations are accumulative throughout the season

What your coaches expect from you:

- Practice how you will play – always practice competitively (even during pepper!) 100% Effort!
- Practice out of your comfort zone, the only way to improve is to try harder
- Challenge yourself and others
- Respect others
- Don't Cheat - Cheating not only hurts yourself but also your teammates
- Communicate – early and often
- Hustle at all times
- Expect to work hard and give 100%, 100% of the time
- Support your teammates and coaches all the time – it's a team sport – embrace it
- Do not be afraid to make a mistake, but be prepared to fix it
- Your differences, friendships, lack of friendships need to stay out of the gym – we are a team
- Learn to take constructive criticism

What you can expect from your coach:

- Loyalty to you and dedication to your successes
- Honesty about your abilities, your position, your playing time, and your role on the team
- Leadership and training necessary to achieve team goals
- The ability to work you hard to make you a better player
- To assist you in any way possible
- To be treated with respect
- To not allow you (or your team) to give up
- To expect and accept only the best
- To push you past your limits

I have read the above contract and agree to abide by the philosophy set forth by the Loveland Volleyball Club program.

Player's Signature _____ Date _____ Team _____

Parent/Guardian Signature _____ Date _____



Loveland Volleyball Club (LVBC) Parent Code of Conduct

Values of the Program:

The Loveland Volleyball Club's goal is to provide a higher quality club volleyball experience at a competitive price. The parents play a critical role in fulfilling that goal. Parents have a direct effect on the personal as well as athletic development of their athletes. The parent/guardian should be a positive role model as well as provide an atmosphere at any competitive events that reflects the club's philosophy of having coaches, players, parents and guardians that display courteous, respectful, supportive and polite behaviors to all players, parents, coaches, staff tournament personnel and officials. Parents and Guardians are perceived as part of LVBC by other organizations and officials, therefore they should conduct themselves accordingly.

Parent Responsibility:

As a parent/guardian of a LVBC member, we will conduct ourselves in a manner as outlined by the following code:

- We will encourage hard work and honest effort that will lead to improved performance and participation and will emphasize the cooperative nature of the sport.
- We will inform our coach of any conflicts with practices and competitions with a minimum advance notice of 48 hours of the event, to allow the coach adequate time to prepare for adjustments.
- We will be responsible for all amounts due on the specified deadlines, it is understood that our youth pays for skills and concepts of volleyball development.
- We understand the coaching staff will provide every player with a role on the team to ensure every player plays in every tournament. Competitive play does not guarantee equal time or every match participation. Participation will be based on assessment of required skills, contribution and attitude offered, team unity plus safety concerns as judged by coaching staff.
- We realize that coaches will make decisions that are popular and unpopular. We respect that every member of LVBC staff acts within the best interests of LVBC, the specific team, and every player. We may not agree with every decision, we promise to respect decisions without creating conflict or disrespect within the coach/player relationship.
- We agree to not question, confront or distract coaches at a competitive event or before during or after practice. It is agreed that reacting during an emotional or stressful situation often results in breaking relationships, thus we agree to a 24 hour no contact prior to requesting a meeting. We will speak respectfully with coaches or LVBC staff at an agreed meeting location to work on solutions to the concern.
- We will inform the coach of any injury, ailment or health issues that may affect the safety of my youth, the safety of others or the team. We will remember that our children participate to have fun and to develop their skills as volleyball players.
- As spectators, we agree that we are representing LVBC when we attend any and all events with our youth. We will conduct ourselves in a manner that will set a positive example of personal conduct by treating other players, parents, coaches, and officials with respect. We will:
 - Cheer good play and avoid negative remarks or criticisms when a player makes mistakes. This is when our athletes need our patience and support the most. Youth learn their best lessons in the choices they make after a mistake, these mistakes are what we pay our Coaches to deliver guidance towards success.

- Be patient and supportive when players, coaches, or officials make errors. Everyone makes mistakes, give them opportunity to make a successful choice to fix it.
- Using profane, disrespectful or derogatory language may cause a penalty to the team or club. Think before you yell.
- Respect requests made by an LVBC staff member or tournament official to discontinue behavior deemed unacceptable. If I do honor the initial request, a member of the LVBC staff or tournament official may ask that I leave the playing or practice area.
- We will allow our daughter to focus on the TEAM and the task at hand during practices and tournaments, and we will not allow family & friends to become a distraction during these events.
- We realize that the officials and their work teams are attempting to do the best job they can to referee the game fairly. Therefore, we will conduct ourselves with appropriate sportsmanship.
- We are fully responsible for our youth's conduct and choices. If a problem arises concerning our youth, we will be contacted and may be requested to pick up youth from an event or activity immediately.
- We understand that we will be responsible for the conduct of any guests that we bring to an LVBC activity, event or competition. We understand that as our guests, they are bound by the code of conduct expected of LVBC parents.
- We will not allow our youth to attend or participate in any LVBC activity, event or competition ill, hurt, injured, or under the influence of drugs, alcohol or any performance enhancing substance.

LVBC would like to welcome you to our club. We hope your family enjoys the unique family relationship shared by all who participate in LVBC and enjoy the sport of volleyball.

We understand and will abide by the LVBC Parent Code of Conduct as stated above. If any part of the Code of Conduct is not followed at any time, our youth as well as ourselves may lose all privileges and participation granted by LVBC. We understand that any violations will be presented to the Board for review with possible disciplinary action.

Parent/Guardian Signature

Parent/Guardian Signature

Player's Name _____

Team Name: _____



PHOTO/VIDEO RELEASE FORM

I hereby authorize the Loveland Volleyball Club, hereafter referred to as "Club" to use, reproduce, and/or publish photographs and/or video that may pertain to the me and/or the minor child listed below, including our images, likenesses and /or voice.

I understand that this material may be used on the Club's website, in various publications, public affairs releases, recruitment materials, advertisements, and/or for other Club purposes.

I hereby release and hold harmless the Club from any reasonable expectation of privacy or confidentiality for me and for the minor child listed below associated with the images and video specified above. Further, I attest that I am the parent or legal guardian of the child listed below and that I have full authority to consent and authorize the Club to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I nor the minor child listed below will receive financial compensation of any type associated with the taking or publication of the photographs/video or participation in the Club's marketing materials or other Club publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Club, its contractors, its employees, its volunteers, its representatives and any third parties involved in the creation or publication of Club publications, from liability for any claims by me or any third party in connection with my participation or the participation of my child listed below.

Authorization:

Printed Name: _____

Printed Minor/Childs Name: _____ Team _____

Parent/Guardian Signature: _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child: _____ Phone #: _____



COVID LIABILITY WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Loveland Volleyball Club has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Loveland Volleyball Club cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LVBC staff, and other players and their families.

I further acknowledge that Loveland Volleyball Club cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club staff, and other players and their families.

I voluntarily seek services provided by Loveland Volleyball Club and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending events with Loveland Volleyball Club.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Loveland Volleyball Club harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Loveland Volleyball Club. I understand that this release discharges Loveland Volleyball Club from any liability or claim that I, my heirs, or any personal representatives may have against the Club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Loveland Volleyball Club. This liability waiver and release extends to the salon together with all owners, partners, and employees.

Player's Name: _____ Parent's Name: _____

Signature: _____ Date: _____

TEMPLATE

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: _____
First Name: _____ Last Name: _____ Birth Date: _____ Age: _____ Male Female

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 (write NONE if no allergies):

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.
Parent/Guardian Signature: _____ Date: _____

OR

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