

2018 (IMPACT VBC) CENTRAL JERSEY VOLLEYBALL CLUB
COACHES AGREEMENT

IMPACT and CENTRAL JERSEY VOLLEYBALL 2018 MSVB GIRLS FALL VOLLEYBALL
LEAGUE (For players entering grades 6-8 on 9/18)

DATE: __/__/____
NAME OF COACH: _____
HOME ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____

I _____, ACTING AS THE COACH FOR THE MSVB FALL
VOLLEYBALL LEAGUE TEAM FROM _____ (SCHOOL OR CLUB),
ACKNOWLEDGE THAT EVERY PLAYER NEEDS TO SUBMIT A SIGNED CENTRAL JERSEY
VOLLEYBALL PERMISSION SLIP BEFORE STEPPING UPON, OR PARTICIPATING ON A
VOLLEYBALL COURT. I WILL MAKE SURE THAT EVERY PLAYER FROM OUR TEAM
COMPLIES, OR I WILL ACCEPT RESPONSIBILITY FOR ANY WHO HAVE NOT, IF THEY
PLAY.

I ALSO LIST THE NAMES (and signatures) OF OTHER COACHES WHO MAY HELP OUT OR
COACH IN MY ABSENCE.

I (WE) ALSO, AS WITNESSED BY SIGNATURE UNDERSTAND THE NATURE OF THE
ACTIVITY WITH REGARDS TO DANGER INVOLVED, AND AGREE TO ASSUME ANY AND
ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE WHETHER THESE RISKS
ARE KNOWN OR UNKNOWN.

I FURTHER FOREVER RELEASE CENTRAL JERSEY VOLLEYBALL LLC AND THE OWNERS
OF THE (4) VENUES FROM ANY AND ALL ACTIONS, CLAIMS AND DEMANDS RELATED TO
MY PARTICIPATION IN THESE ACTIVITIES

X _____ (SIGNATURE OF HEAD COACH)

PRINTED NAME: _____ CELL# _____

ADDITIONAL COACH (IF ANY)

X _____ (SIGNATURE OF ALTERNATE COACH)

PRINTED NAME: _____ CELL # _____

ADDITIONAL COACH (IF ANY)

X _____ (SIGNATURE OF ALTERNATE COACH)

PRINTED NAME: _____ CELL # _____

THIS FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO PLAY (9am on 9/8/18)