

2018 (IMPACT) CENTRAL JERSEY VOLLEYBALL CLUB
COACHES AGREEMENT

CENTRAL JERSEY VOLLEYBALL 2018 HEALING THE CHILDREN CHARITY INVITATIONAL
VOLLEYBALL TOURNAMENT, AGES; (entering grades 9-12 on 9/18)

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

I _____, ACTING AS THE COACH FOR THE 2017
HEALING THE CHILDREN CHARITY INVITATIONAL VOLLEYBALL TOURNAMENT
FROM _____ HIGH SCHOOL (LEAVE BLANK AS OFFICIAL OR
VOLUNTEER), 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 VENUE 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 (9:00 am. on 9/30/17)