

**2024 IMPACT VOLLEYBALL CLUB
SUMMER LEAGUE COACHES AGREEMENT**

IMPACT VOLLEYBALL CLUB 2024 GIRLS SUMMER VOLLEYBALL LEAGUE AGES; 13 AND OVER (entering grades 9-12 on 9/24)

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

I _____, ACTING AS THE COACH FOR THE SUMMER LEAGUE VOLLEYBALL TEAM 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 (IMPACT VBC) 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 (6:00pm. on 6/27/24)