

Onondaga Volleyball Club Agreement Form

I have read and understand the following policies and procedures of Onondaga Volleyball Club.

Club Policy

Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

Athlete Contract

Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

Code of Conduct

Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

Playing time

Guardian Signature _____ Date _____

Athlete Signature _____ Date _____