



## Acceptance Package

**Please complete the forms listed below and bring to the commitment night.**

- |   |   |
|---|---|
| <input type="checkbox"/> Deposit check made out to "Club V.I.P."      | <input type="checkbox"/> Website Player Information Release |
| <input type="checkbox"/> Club V.I.P. Player Code of Conduct           | <input type="checkbox"/> Playing time Agreement             |
| <input type="checkbox"/> Club V.I.P. Parent Code of Conduct           | <input type="checkbox"/> Uniform Sizing Form                |
| <input type="checkbox"/> Club V.I.P. Medical Release Form             | <input type="checkbox"/> Extra Uniform Sizing Form          |
| <input type="checkbox"/> Club V.I.P. Financial Commitment Agreement   |   |
| <input type="checkbox"/> Club V.I.P. Playing Time Agreement           |   |
| <input type="checkbox"/> Club V.I.P. Attendance Policy Agreement      |   |
| <input type="checkbox"/> Club V.I.P. Volunteer Agreement              |   |
| <input type="checkbox"/> NCVA 2010 2011 Individual Membership Form    |   |
| <input type="checkbox"/> NCVA 2010 2011 Letter of Commitment          |   |
| <input type="checkbox"/> USAV Player Medical History and Release From |   |

### Club Confirmation of Paperwork

- |   |   |
|---|---|
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| <input type="checkbox"/> Club V.I.P. Financial Commitment Agreement   |   |
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| <input type="checkbox"/> Club V.I.P. Attendance Policy Agreement      |   |
| <input type="checkbox"/> Club V.I.P. Volunteer Agreement              |   |
| <input type="checkbox"/> NCVA 2010 2011 Individual Membership Form    |   |
| <input type="checkbox"/> NCVA 2010 2011 Letter of Commitment          |   |
| <input type="checkbox"/> USAV Player Medical History and Release From |   |



## Codes of Conduct and Behavior For Parents:

Player/Parent → Coach → Club Director

Parents hereby pledge to abide by the following Code of Ethics:

Player/Participant's Name: \_\_\_\_\_

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and fellow parents at every tournament, game, practice or other Club V.I.P. event.
2. I will place the emotional and physical well being of my child ahead of my personal opinion and/or desire to win. I understand that for a team to grow and prosper individuals must give more than they take. I will make a commitment to be a giver.
3. I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
4. I realize that the use of alcohol, tobacco or illegal substances could result in immediate dismissal from Club V.I.P.
5. "24-Hour Rule" shall be defined as the agreement to refrain from contacting coaches, directors, for a minimum of 24 hours, to initiate filing any complaint following an incident, suspected problem or issue involving my child, the team or coach. The 24-Hour period shall be defined as the next business day following any incident. Should the incident occur on a weekend, Tuesday will be regarded as the first available day of contact.
6. I will be positive and refrain from any public outburst that could be detrimental to the Team of Club V.I.P. program, my child, her coach or any of her teammates. I will handle any complaints in a professional manner and will observe the "24-Hour" rule. At no time will a coach be verbally attacked or approached about such issues at any tournament or practice.
7. I understand that practice is for players and is a key learning period. It is also a time for an athlete to be away from parental pressure to perform. Parents are not permitted to participate in practices, player huddles, team meetings, etc.

8. I also understand that the coach has my child's best interest in mind and is the professional in charge of the team. I will refrain from distracting my child by not talking to and/or not making gestures toward her during practice, tournaments and team meetings except for positive encouragement.
  
9. The practice prior to any tournament must be attended to be eligible to play in the first game or match in that tournament. Exceptions will be at the sole discretion of the coach and/or Director of Coaching.
  
10. I understand that every player may not receive equal playing time in tournaments due to various factors in competition (i.e. attempting to qualify for Nationals, seeding for NCVA, coaching decisions, excessive missed practice time, illness, injury, etc.)
  
11. Criticizing an athlete, coach or team in public is not acceptable. If you have something to say, discuss it within the parameters of the entire team or with the specific individual. Gossip is divisive and creates separation. I agree that should someone approach me with a problem or rumor that does not directly involve me, I will encourage them to go directly to the person it does involve (i.e. the coach, another parent, directors of Coast, etc.).
  
12. I realize that Club V.I.P. is an excellence program and we are committing our financial support for the entire season, even if our daughter chooses to leave the program.

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**Parent/Guardian Signature**

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**Date**

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**Player Signature**

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**Date**



## **Codes of Conduct and Behavior for Players:**

### **Club V.I.P. Volleyball Club Code of Conduct**

Being a member of the Club V.I.P. Volleyball Club requires a commitment to being the very best person I can be...both on and off the court. In order to ensure the safety and well being of the athletes of Club V.I.P. Volleyball Club and to best represent the program, players, parents, and the coaching staff, I hereby consent to abide by the following code of conduct:

1. I will show good sportsmanship toward opponents, teammates, officials, and spectators. I will treat other teams and their members with the same respect in which I would want them to treat Club V.I.P. and me.
2. I will refrain from any physical action that may endanger the safety and well being of an opponent, teammate, coach, spectator or official.
3. I will refrain from any verbal abuse that might detract from the integrity of the program or any individual.
4. I agree to respect the property of others (teammates, gym sites, hotels, etc...) and to pay for any damages that I am found responsible for.
5. I will maintain a respectable and responsible court demeanor at all times. I realize that I am part of a team and my personal goals and ambitions are second to the goals and ambitions of the whole team.
6. I agree not to be in possession of or use drugs, tobacco or alcohol while under the supervision of Club V.I.P. Volleyball Club. I also agree not to be in the presence of such substances or to be found equally at fault. (Supervision includes practice, team outings, tournaments, and trips from departure thru return).
7. I will support all other Club V.I.P. teams and players. I appreciate their hard work in helping to make Club V.I.P. Volleyball Club the best it can be.

I understand that violation of this code of conduct will result in disciplinary action. (Match suspension, etc...)  
Violation of Article 6 will result in immediate dismissal from the program. There will be no financial reimbursement for violation of this policy, which results in dismissal. Parents will be notified regarding any violation that would result in more than a single match suspension.

Players signature \_\_\_\_\_

Parents signature \_\_\_\_\_

Please be advised there will be no refunds due to violation of attendance and or conduct policies. Please sign all copies of this agreement, return one copy to the Club V.I.P. Volleyball Club, and keep one copy for your records.



## Medical Release Form:

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case Of Emergency call \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Special Medical Condition:

\_\_\_\_\_  
\_\_\_\_\_

Medical Coverage: \_\_\_\_\_

Insurance Group # \_\_\_\_\_

I, the undersigned, give my consent for \_\_\_\_\_ to participate in gym used by Volleyball Instructional Programs. I, the undersigned, certify that I am the legal parent/guardian of the above named participant and he/she has my permission to participate in the facility used by Club V.I.P. from the start to the end of the program. Waiver of Liability: This release is intended to discharge in advance Club V.I.P. including all of its respective agents, officials, volunteers, sponsors and employees, from and against any and all liability arising out of or connected in any way with me or my child/legal guardian's participation in the above activities, even though the liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute Club V.I.P. and any sponsor, or any affiliate organization for injury or damage resulting from activity or passive negligence, carelessness or other acts, howsoever caused by any employee, agent or contractor of Club V.I.P. or its affiliates, as a result of my participation in Club V.I.P. activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to Club V.I.P. to take me or my child/legal guardians photo while participation in the programs activities. Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is available for consultation, permission is granted for the staff to obtain medical treatment as deemed necessary.

A signature is required by each adult participant registering on this form. One parent/ guardian may sign for all minors. I have read and understand the policies and conditions of this activity and signify my agreement and approval with my signature.

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Signature of parent/guardian

Date



## Financial Commitments:

What are the fees used for?

Fees cover a variety of costs associated with participation in club volleyball, namely: tournament entry; equipment such as uniforms, warm-ups, gym equipment, volleyballs and medical supplies; coach's salaries. USA Volleyball National Office per athlete expenses such as insurance; Region team membership; NCVA-hosted tournament costs; awards; concessions; officials; custodial / rentals; and donations to school programs that allow us to use their facilities.

What do the fees not cover?

Players and their parents will need to consider costs that are not included in their fee payment, namely: travel costs (gas) for local tournaments, airfare for other tournaments; food and drink; lodging for overnight stays for players, parents, chaperones in addition chaperones meals and club-sponsored travel tournaments, if desired; personal playing equipment such as and ankle support braces.

When do we pay?

- A. You will first be offered a position on the team, if you accept you must fill out, sign and provide us with a letter of commitment that you will receive at our tryouts. At the parent/coach meeting you will be asked to pay the deposit which will be a certain % of the total fee, next you will need to pay 1 more payment on a scheduled date.
- B. For more info call Ted (510)-396-4875 or e-mail Ted at [ted@clubviponline.com](mailto:ted@clubviponline.com).

How do we pay?

You may pay with check or credit card, but there will be a 5% Transaction Fee for all credit card payments. Make check out to Club V.I.P.

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Parent/Guardian Signature

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Date

**WHAT ARE THE COSTS?**

**16/15 Power Girls Team = \$2580.00 Plus 200.00 for training and 770.00 for Travel Expenses. (Nov 14<sup>th</sup> Deposit = 1380.00, January 16<sup>th</sup> payment of \$500.00, February 15 payment of \$500.00, March 15 payment of 500.00, April 15 payment of 670.00, )**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## **Attendance Commitment:**

Being a member of the Club V.I.P. Volleyball Club requires a commitment to being the very best person I can be...both on and off the court. In order to establish strong team ties with my respective teammates and coaches, I must realize the importance of regular attendance. Attendance is critical as volleyball is a pure team sport, and teams cannot function well without all their personnel.

The Club V.I.P. teams practice and/or play 2 times a week for the entire length of the program. Attendance is extremely important.

The following absences are excused only if the player or parent notifies the coaching staff two weeks prior to the practice or tournament to be missed; religious observance, academic emergencies, medical situation.

The only absences that are considered excused without a 2-week prior notification will be illness, or a death in the family, provided that a parent contacts the coaching staff prior to the practice or tournament within a 24-hour period. Excessive excused absences will be discussed with the player to determine commitment to the program. Poor attendance may result in decreased playing time.

If a player does not notify the coaching staff prior to an absence it will be considered a cut. There are no refunds on any absences and/or cuts from practices or tournaments.

If a parent is late in picking up any player or players, the club will not assume responsibility of a player or players before a practice/tournament starts or after a practice/tournament is over.

I have read and understand, and hereby agree to abide by the policies governing attendance in the Club V.I.P. Volleyball Program.

Player's signature

Parents signature

Please be advised there will be no refunds due to violation of attendance and or conduct policies. Please sign all copies of this agreement, return one copy to the Club V.I.P. Volleyball Club, and keep one copy for your records.



## Volunteer Commitment:

To insure a smooth season we depend on parent volunteers. We need all team parents to fill volunteer positions. Please fill in yes or no next to the volunteer positions.

**Team Parent/ Communication Coordinator:**

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**Travel Coordinator:**

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**Photo Coordinator:**

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**Social Coordinator:**

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**Food Coordinator:**

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**TEAM:**

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**Player Name:**

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**Parent Name :**

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**Parent E-mail :**

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**Parent Phone :**

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**Thank you for your support.**

**Ted Babu**

**Club V.I.P. Director**

**Club V.I.P. Volleyball Club**



**Website Player Information Release:**

**Player Name:** \_\_\_\_\_

**Player Graduation Date:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Handed: Right or Left** \_\_\_\_\_

**School:** \_\_\_\_\_

**Initial below**

\_\_\_\_\_ Club V.I.P. has permission to publish the above information on the club website including my daughter or son name.

\_\_\_\_\_ Club V.I.P. has permission to publish group and individual photographs that include my daughter or son.

\_\_\_\_\_ Please do not publish any photographs of my daughter or son the club website.

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Signature Date

Club V.I.P.  
[www.clubvipbc.com](http://www.clubvipbc.com)  
[ted@clubviponline.com](mailto:ted@clubviponline.com)  
Cell: 510-396-4875  
Fax: 1-888-816-2649



## **Playing Time Agreement:**

A core Club V.I.P. goal is the continuous development and improvement of player skills – individual, team, physical, and mental aspects. From Basic Skills to elite Travel teams, there is always opportunity for players to improve. The primary goal of coaches is to actively work with all players equally to set goals at their individual level and continuously enhance proficiency in a positive and fun environment. Building on this effort coaches are charged with fielding strong cohesive teams.

To the extent a player demonstrates to his or her coach the ability, effort, and positive team-oriented attitude, he or she will enhance his or her playing time opportunities. Ultimately team deployment on the court is a coaching decision based on the game situation at hand.

Participation in club volleyball should be a fun and rewarding experience and playing time is certainly an important component. But it is also fun and rewarding for a player when his or her team excels and wins.

Playing time is not guaranteed. It is a privilege and not a right. Please consider that you are actually paying for practices. However, it is usually in the best interests of the team for everyone to receive an earned amount of playing time. Every effort by the coaches and club directors will be made to ensure appropriate playing time for all participants on all teams. On Power teams playing time will be determined by the most competitive line up. If you have questions about playing time feel free to ask the coach. Club V.I.P. is committed to providing each of its players with an equitable opportunity to participate in all practice sessions, as well as regular rotation of team members at tournaments. This can be contingent upon level of commitment, skill and ability, work ethic, and attendance at practices. There will be a higher priority for success placed on our more advanced teams.

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Player Name (please print)

\_\_\_\_\_  
Signature Date



## Uniform Sizing Form:

Description	Color	Unit Size	Number of Items	Description	Color	Unit Size	Number of Items
Warm-Up Bottom	Navy / White		1	Mizuno Shoe	Navy		1
Warm-Up Top	Navy / White		1	Sweat Shirt Top	Gray		1
Sweat Pants Bottom	Gray		1	Kaepa Knee Pads	Black		1
Mizuno Sport Backpack	Navy		1	Half Sleeve Jersey	Columbia Blue / Navy		2
Long Sleeve Jersey	Black		1				
VB Short	Back and Navy		2				
Players First Name:							
Players Last Name:							
Parents Signature:							
Players Signature:							
Players Team:							
Players Number:	Please give top 3 choices for numbers	First choice		Second choice		Third choice	