



PLAYER/PARENT CONTRACT

Player's Name: _____

Parent's Name: _____

Each Player and Parent must read this Player/Parent Contract and initial and sign where indicated to acknowledge their understanding and acceptance of and agreement to abide by terms of this Player/Parent Contract.

Parent Initials Player Initials

_____ I accept a position as a member of Capital City Elite VC (CCEVC)

_____ I understand and accept the importance of practice and game attendance. I will make every reasonable effort to attend all scheduled practices and tournaments. I will submit my monthly conflicts to my coach and will notify my coach in advance if something arises and I cannot attend a practice or tournament.

_____ I understand and accept that decisions about playing time are at the sole discretion of the coaching staff. The CCEVC's philosophy is that you are purchasing training time. This training occurs primarily in practice and secondarily in tournaments. Playing time is not subject to negotiation. Therefore, I understand that the CCEV Club season is to help with training and development. I also understand that playing time is not subject to challenge by players or parents.

_____ I understand and accept that an atmosphere of good sportsmanship be maintained at all practices and games.

_____ I understand and agree that the following behaviors will not be tolerated at any time and are grounds for immediate suspension and/or expulsion from The Capital City Elite Volleyball Club: Use of alcohol, tobacco or drug use of any kind, missing curfew if/when at traveling competitions, vandalizing any property or hotel room, verbal or physical assault on a coach, opponent, or referee.

_____ I understand and agree to my financial obligations and payment schedule.

_____ I understand and agree that as a result of failure to pay the club fees or any other breach or violation of the terms of the Player/Parent Contract that this Contract can be terminated. Any other action by a Player or Parent with CCEVC, that the club's administrators and/or coaches may believe to be injurious to CCEVC, its administrators and/or coaches, may be cause for termination at any time by CCEVC. I further understand and agree that if this Player/Parent Contract is terminated by CCEVC, I will be obligated to pay CCEVC the entire Club Fee amount that remains to be paid, immediately upon demand.

I have read and agree to comply with all terms of this Player/Parent Contract. I understand and accept that any conduct seen by CCEVC administrators and/or coaches as inconsistent with the terms listed above may result in disciplinary action based on its severity. I understand that by agreeing to this Player/Parent Contract I have made a commitment to The CCEVC, its administrators and coaches, and to my fellow players that I will fulfill my commitment for the entire season.

Player Name (Print) _____

Parent Name (Signature) _____

Capital City Elite Volleyball Club
Club Directors: LaMeka Keys & Janée Hayes
www.capitalcityelitedc.com