



www.centralohiovbc.com

*22 Years of Providing
Quality Training And Competition for
The Central Ohio Athlete*

2008-2009 CONTRACT PACKET



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P.O. Box 861

Washington Court House, OH 43160

Athlete and Parent,

Congratulations on being selected as a member of the Central Ohio Volleyball Club (COVBC) for this upcoming club season. In this packet, you will find several documents concerning membership in the COVBC, the Ohio Valley Region (OVR) of the USA Volleyball and USA Volleyball (USAV). These documents must be filled out, signed and delivered to the COVBC before you can be considered a member.

You have a mandated ten (10) days in which to decide if you want to become a member of this club or another club if you have participated or are planning on participating in another club's tryout season. You may waive that ten day period if you so choose and sign at any time. Contracts not return within ten (10) day period will be offered to another athlete.

If you choose to sign the documents to become a member of this club, you must turn in:

- 1. The 2008-2009 Central Ohio Volleyball Contract**
- 2. 2008-2009 USA Youth & Junior Olympic Volleyball Player Medical History and Release Form (2 Copies)**
- 3. 2008-2009 OVR Waiver and Release of Liability**
- 4. \$325.00 Installment**

These documents can be returned to the COVBC, ten (10) days after the tryout date.

If you choose to decline the membership offered to you by the COVBC, we ask that you contact us as soon as you have made your decision so that we may offer your spot to another athlete.

Contact Doug Mace of the COVBC at 740-572-1921 or send an email to the club's website.

You will be notified about a Team Meeting of Players, Parents and Coaches in December in which schedules and practices will be discussed and uniform sizing will take place.

THE CENTRAL OHIO VOLLEYBALL CLUB STAFF



**PLAYER CONTRACT
2008-2009**

It is agreed between _____ (athlete)
and the Central Ohio Volleyball Club that the athlete will participate in the club
activities for the current year 2008-2009 USAV and AAU Junior Volleyball season.

The athlete agrees to pay all appropriate fees associated with participation in
the Central Ohio Volleyball Club, and to participate with this club only for the
current season.

The Athlete agrees to honor all commitments and information given to the
Athlete with regard to specific coaches, practice time, instruction and other services
common to a volleyball team. The Club will additionally be familiar with and
adhere to the appropriate eligibility and participation guidelines of the Ohio High
School Athletic Association.

If either party fails to fulfill the obligations of this Contract, then they will be
liable for any actual damages, and the violation of this Contract shall be reported to
the Ohio Valley Region Inc. and the Ohio High School Athletic Association.

For the Athlete:

Signature of Athlete

_____-_____-_____
Athlete's Social Security Number

Signature of Parent or Guardian

Date

Mailing Address

City, State and Zip

FOR THE CENTRAL OHIO VOLLEYBALL CLUB USE ONLY:

COVBC Official

Date

P.O. BOX 861
Mailing Address

WASHINGTON C.H., OHIO 43160
City, State and Zip