



PLAYER & PARENT CODE OF CONDUCT

Please read, sign at the end and return to your coach.

1. I will respect myself, teammates, other participants, coaches, opponents, officials, spectators, equipment, facility and the rules of the game at all times and will be a positive role model of good sportsmanship and recognize that character counts in my words and actions.
2. I will do my best to make sure the focus of the game is on fun for all participants rather than winning and losing by making only positive and encouraging comments to others and to cheer for all players, teammates and great plays. Additionally I will keep all practices, games, clinics and this season in proper perspective at all times and I recognize and understand the valuable lessons sports can teach that carry over into all aspects of life including physical, social, cognitive, and psychological growth and development.
3. PLAYER'S ROLE: I will play for the fun of it, will show up for every practice, game and/or clinic on time, will work equally hard for the team as for myself, will always give my best effort, will positively encourage all my teammates and will continue to strive to improve and learn. Additionally I understand that my role as a player is to play the game and will not let mistakes, or fear of making mistakes, stop me, for mistakes are an inevitable part of the game, and life, and people learn from their mistakes. I further understand that all children are born with different abilities and that the true measure is not how I compare to others but how I am doing in comparison to my best self/effort.
4. PARENT'S ROLE: I will remember that the goals of the game are to have fun, will be supportive, will not take the game too seriously as the game is for the children and will place the emotional and physical well-being of the children above any personal desire to win. I will not make negative comments about the game, coaches, officials or teammates in my child's presence for divided loyalties do not make it easy for a child to do their best. I understand that this plants a seed, which can negatively influence my child's motivation and overall experience. Instead I will schedule a meeting with any individual to discuss my concerns in private. Additionally I understand that my role as a parent and spectator is to cheer for my child, their teammates and great plays and will not add confusion by yelling out instructions and will not interfere or coach from the stands.
5. I will help maintain a sports environment free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I agree to honor the Player & Parent Code of Conduct in my words and actions and understand that any violations may range from a verbal warning to expulsion from the South Valley Volleyball Program.

X _____
X _____
X _____

PLAYER SIGNATURE
DATE SIGNED
PARENT/GUARDIAN SIGNATURE

S V S O S T H A L L E Y S T A F F O N L Y	Season: FA WI SP SU	Program: LEA CLA CLI OP	<input type="checkbox"/> Paid	<input type="checkbox"/> Age	<input type="checkbox"/> Forms	<input type="checkbox"/> Confirmation Sent
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LEARN TO LOVE TO PLAY THE GAME ● P.O. BOX 7548, VAN NUYS, CA 91409 ● 818.314.6917 ● SOUTHVALLEYVOLLEYBALL.COM

EMERGENCY INFORMATION & CONSENT/ RELEASE

ALL FORMS MUST BE COMPLETED BEFORE PLAYER WILL BE ALLOWED TO PARTICIPATE IN THE PROGRAM

PLAYER'S NAME (Last, First): _____

Family Medical Insurance Information:

Carrier/Group Name _____ Policy/Group #: _____

Family Physician: _____ Phone #: _____

Please list any allergies, any medical problems/conditions, including those requiring maintenance medication. (Diabetic, Asthma, Seizure Disorder, etc.)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
<input checked="" type="checkbox"/> <input type="checkbox"/> NONE			

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems and/or conditions which may interfere with or alter treatment and/or for the South Valley Volleyball Staff to be better prepared to teach and coach the player.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I / We, parent (s) / person (s) having legal custody/legal guardian of the minor involved in the SOUTH VALLEY VOLLEYBALL Program, **[do]** hereby authorize medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to power on the part of our aforesaid agent (s) to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/We, hereby authorize any hospital which as provided treatment to the above-named minor such minor to my / our above-named agent (s) upon the completion of treatment. This authorization shall remain effective only during the actual event or program that the minor is participating in, unless sooner revoked in writing delivered to said agent (s).

PRINT PARENT/GUARDIAN NAME

DATE SIGNED

PARENT/GUARDIAN SIGNATURE



RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF the Participant, a minor, being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I am aware of my child's experience, capabilities and limitations and believe my child to be qualified, in good health, and in proper physical and emotional condition to participate in such activities and further understand that any insurance provided by the SOUTH VALLEY VOLLEYBALL program is secondary insurance to the player's/child's families primary insurance, and will be used accordingly.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
6. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
7. Image Release: In consideration of the Participant, a minor, my child/ward being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image or statements may be published in an outlet used to promote or publicize the South Valley Volleyball program.
8. **REFUNDS:** For League Programs a \$25.00 processing fee will be charged for all refunds requested in writing and submitted before or on the 10th day of the program. Medical refunds may be process on a prorated basis. All other requests will be denied. No Clinic Refunds after the first clinic unless initiated by South Valley Volleyball staff.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____ X _____
PRINT PARENT/GUARDIAN NAME DATE SIGNED PARENT/GUARDIAN SIGNATURE

UNDERSTANDING OF RISK: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____ X _____ X _____
print player's name date signed player signature