



# WELCOME!

Glass City Volleyball is proud to have you as a member of one of our 2017-2018 teams!

## Next Steps:

- Please print and complete the following forms and bring with you to the December 3 Organizational Meeting.

Rosters and tournament schedules will be posted to the website:

<http://glasscityathletics.com/volleyball-teams-coaches/>

If you have any questions, please contact Dana Hooper at [dahooper@roadrunner.com](mailto:dahooper@roadrunner.com) or 419-261-0067.



## **Glass City Volleyball 2017 – 2018 Player Contract**

It is agreed between \_\_\_\_\_ (Athlete) and Glass City, LLC (Club) that the athlete will participate in the Club's activities for the 2017---2018 Junior Olympic Volleyball season.

The athlete/parent agrees to pay all appropriate fees associated with participation in this particular club, and to participate with this club only for the 2017---2018 Junior Olympic season.

The club 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 the appropriate eligibility guidelines for each state High School Association from which they draw athletes, and will adhere to these guidelines. Athletes and their parents give permission to Glass City LLC to use their name and likeness on the Glass City website and for other public relations information.

**Fees must be paid on the due dates unless other arrangements have been made previously. Failure to pay by the due date will result in a loss of playing time, until the fees are brought current.**

### **ALL FEES PAID ARE NON---REFUNDABLE**

#### **Glass City Volleyball Club Information:**

Club Director: Dana Hooper, Glass City, LLC

Address: 1560 Albon Road, Suite 12 Holland, Ohio 43528

Email: [dahooper@roadrunner.com](mailto:dahooper@roadrunner.com)

Phone: 419-261-0067

Website [www.glasscityathletics.com](http://www.glasscityathletics.com)



## Player Information:

Athlete's Name: \_\_\_\_\_

Address/State/Zip: \_\_\_\_\_

Athlete's Home Phone: \_\_\_\_\_ Athlete's Cell Phone: \_\_\_\_\_

Athlete's Email Address: \_\_\_\_\_

Athlete's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Short Size: \_\_\_\_\_ Warm-Up Shirt Size: \_\_\_\_\_

Player's Preference for Uniform Number (please list 5): \_\_\_\_\_

Including the upcoming season, how many years with Glass City: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_



## Glass City Volleyball 2017 – 2018 Financial Agreement

Listed below are the recommended payment plans for each program. As always, if they do not work for you, please contact Dana ahead of the organizational meeting on December 3, 2017. No refunds will be issued for fees paid.

**PLAYER NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

**TOTAL FEE DUE:** \_\_\_\_\_

TEAM	TOTAL FEE	DOWN PAYMENT DUE AT 12/3/17 MEETING	AMOUNT DUE BY 1/15/18	AMOUNT DUE BY 2/15/18
10 & UNDER	\$515.00	\$309.00	\$103.00	\$103.00
11 & UNDER	\$875.00	\$525.00	\$175.00	\$175.00
12 & UNDER	\$1,565.00	\$939.00	\$313.00	\$313.00
13 ELITE	\$2,590.00	\$1,554.00	\$518.00	\$518.00
14 ELITE				
15 ELITE	\$2,625.00	\$1,575.00	\$525.00	\$525.00
16 ELITE				
17 ELITE				
13 BLACK	\$1,585.00	\$951.00	\$317.00	\$317.00
14 BLACK				
15 BLACK	\$1,685.00	\$1,011.00	\$337.00	\$337.00
16 BLACK				
17 BLACK				
13 LIME	\$900.00	\$540.00	\$180.00	\$180.00
14 LIME				
14 GRAY				
15 LIME				
18 EARLY BIRD	\$920.00	\$522.00	\$184.00	\$214.00
14 ADRIAN	\$815.00	\$489.00	\$163.00	\$163.00
15 ADRIAN				
16 ADRIAN	\$955.00	\$575.00	\$191.00	\$189.00
JACKSON TEAMS	\$765.00	\$459.00	\$153.00	\$153.00
NWO JUNIORS TEAMS	\$625.00	\$250.00	\$187.50	\$187.50

**PLEASE CHECK YOUR PAYMENT OPTION:**

\_\_\_\_\_ I am selecting to follow the recommended payment plan listed above

\_\_\_\_\_ I am paying the entire balance with a credit card and understand there is a 2% processing fee added to the total

\_\_\_\_\_ I am paying the fee in full with check or cash to utilize a 2% reduction

\_\_\_\_\_ I am submitting my own payment plan. All fees must be paid by 3/1/18.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Information:

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Glass City Athletics, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Glass City Athletics will cause the participant to be removed from the Program. (revised 10/2017)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Participant's Signature is required) NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.