



WELCOME!

Glass City Volleyball is proud to have you as a member of one of our 2018-2019 teams!

Next Steps:

- Please print and complete the following forms and bring with you to the November 17 or November 25 (based on your age) Club Kickoff/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 or 419-261-0067.



Glass City Volleyball 2018– 2019 Player Contract

It is agreed between _____ (Athlete) and Glass City, LLC (Club) that the athlete will participate in the Club's activities for the 2018---2019 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 2018---2019 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

Phone: 419-261-0067

Website 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 2018 – 2019 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 club kickoff/organizational meeting on either November 17 or 25 (based on your age). No refunds will be issued for fees paid.

PLAYER NAME: _____

TEAM: _____

TOTAL FEE DUE: _____

TEAM	TOTAL FEE	DOWN PAYMENT DUE AT KICK OFF MEETING	AMOUNT DUE BY 1/15/19	AMOUNT DUE BY 2/15/19
11 ELITE	\$1,240	\$744	\$248	\$248
11 BLACK 12 BLACK	\$930	\$558	\$186	\$186
13 ELITE 14 ELITE	\$2,719	\$1,632	\$543	\$543
13 BLACK 14 BLACK	\$1,664	\$999	\$332.50	\$332.50
13 LIME 14 LIME 15 LIME 15 GRAY	\$925	\$555	\$185	\$185
15 ELITE 16 ELITE 17 ELITE	\$2,756	\$1,654	\$551	\$551
15 BLACK 16 BLACK 17 BLACK	\$1,664	\$998	\$333	\$333
16, 17, 18 EARLY BIRD	\$920	\$552	\$184	\$184
14 ADRIAN 15 ADRIAN	\$815	\$489	\$163	\$163
16 ADRIAN 17 ADRIAN 18 ADRIAN	\$955	\$573	\$191	\$191
JACKSON TEAMS	\$765	\$459	\$153	\$153

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 3/1/19.

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.