



Seabrook Adventure Zone; 4th-7th Fall Volleyball

Player Agreement

As a SAZ student athlete, I, _____ (*printed full name*), understand that, once enrolled for this program I am committed to attending the days and times of the program.

1. I will attend all scheduled (WEDNESDAY) practices/matches and will be on time. If I will be late or absent from the program, then my parent or guardian will email my Site-Coordinator.
2. I will be courteous to my teammates and treat all players and staff with respect at all times.
3. As a SAZ Volleyball player, I will be on my best behavior at all times. I understand that inappropriate language will not be tolerated. I will report any team concerns and player issues to my staff.
4. I understand that as a student athlete I am required to conduct myself as a leader, and I will represent my team and my teammates by adhering to all school and team rules. I
5. As a team player, I will always focus on effort, team and attitude, not wins and losses. I will win with humility and lose with dignity. I will celebrate every great play and brush off lost points.
6. I will make sure that I have fun and enjoy the game!

STUDENT SIGNATURE: _____ DATE: _____

Parent Agreement

I, _____ (*parent/guardian - printed full name*), as parent/guardian of _____ (*student - printed full name*) hereby give permission for them to participate in the 2022 SAZ Fall Volleyball season and agree to inform the Site-Coordinator by phone call, text or e-mail if my child will be absent during program.

PARENT SIGNATURE: _____ DATE: _____

