



CRUSH F/JV LEAGUE

COACHES AGREEMENT FORM

DATE: ____/____/____

NAME OF COACH: _____ E-MAIL _____

CELL PHONE: _____

I _____, ACTING AS THE COACH FOR THE F/ JV LEAGUE VOLLEYBALL TEAM

FROM _____ HIGH SCHOOL., ACKNOWLEDGE THAT EVERY PLAYER NEEDS TO SUBMIT A SIGNED CRUSH VB PLAYER WAIVER/PERMISSION FORM BEFORE STEPPING UPON, OR PARTICIPATING ON A VOLLEYBALL COURT. I WILL MAKE SURE THAT EVERY PLAYER FROM OUR TEAM COMPLIES, OR I WILL ACCEPT RESPONSIBILITY FOR ANY OF MY PLAYERS WHO HAVE NOT, IF THEY PARTICIPATE/PLAY ON MY TEAM.

X _____ (SIGNATURE OF HEAD COACH)

I ALSO LIST THE NAMES OF OTHER COACHES WHO MAY HELP OUT OR COACH IN MY ABSENCE

ADDITIONAL COACH (IF ANY)

X _____ (SIGNATURE OF ALTERNATE COACH)

PRINTED NAME: _____ CELL # _____ E-MAIL _____

ALT. COACH (IF ANY)

X _____ (SIGNATURE OF ALTERNATE COACH)

PRINTED NAME: _____ CELL # _____ E-MAIL _____

CRUSH VB LLC Games are played but not limited to, the following sites - Rahway Recreation Ctr., NJ Educational Facilities, Kean University, Roselle Catholic HS, Union County College, and East Coast Conditioning, Edison