



SUMMER CRUSH JV LEAGUE

KEAN HARWOOD ARENA, UNION, NJ

COACHES AGREEMENT

DATE: ____/____/____

NAME OF COACH: _____

WORK PHONE: _____ CELL PHONE: _____

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

FROM _____ HIGH SCHOOL., ACKNOWLEDGE THAT EVERY PLAYER NEEDS TO SUBMIT A SIGNED CRUSH VB PERMISSION SLIP 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 WHO HAVE NOT, IF THEY PLAY.

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 # _____

ADDITIONAL COACH (IF ANY)

X _____ (SIGNATURE OF ALTERNATE COACH)

PRINTED NAME: _____ CELL # _____