



Player Name: _____

DOB: _____

Parent Expectations:

- I agree to make the financial commitment for my player(s). I will pay the fee or portion of the fee on time as agreed upon in the club handbook. I understand that this financial commitment still stands even if my child decides to quit the FSC Cougars team at any period in the season unless she suffers from an injury with a doctor's note that prevents her from playing the duration. If the fee or portion of the fee is not paid by the agreed upon date, my daughter will lose playing time until the amount due is paid.
- I agree to transport my child or find adequate transportation by another parent – not a coach – for all practices and tournaments.
- I agree to speak positively about my daughter's club team and the program as a whole.
- I agree to accept the decisions of the coaches and be a supportive member of the FSC Cougars Volleyball Club.

PARTICIPATION RELEASE

I release the Greater Wichita YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Greater Wichita YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials.

Parents/Guardians Name: _____

Parents Signature: _____

Please check your payment option:

- ☐ In Full
- ☐ Bank/Credit Card Draft (complete and return additional form)