

# **PLEASE FILL OUT AND RETURN**

## **THUNDER VOLLEYBALL CLUB**

### **Code of Ethics Player / Parent Contract**

I have read in full the Thunder VBC Code of Ethics Player / Parent Contract and the Ohio Valley Region Athletes Bill of Rights. I understand and accept the terms of the contract for the 2019 / 2020 season.

---

Print Players Name

---

Signed Players Name

---

Print Parent/Guardian's Name

---

Signed Parent/Guardian's Name

---

Street Address

---

City, State

Zip Code

---

Date

### **THUNDER VOLLEYBALL CLUB**

(330) 717-6721

thundervbc@zoominternet.net

(If instructed to; mail this page to the following address)

THUNDER VBC

P.O. BOX 4502

YOUNGSTOWN, OH 44515