IOWA REGION VOLLEYBALL
HIGH PERFORMANCE PROGRAM

Please read the following FUTURE SELECT Athlete Participation Agreement carefully and return the signed portions to:

Iowa Region Volleyball
4600 Park Ave. Suite 201
Des Moines, IA 50321
Or fax to: 515-727-1861

Make checks payable to: Iowa Region Volleyball
To pay by Credit Card call: 515-240-0821

Important dates to remember:

☐ May 1, 2014	Complete online Acceptance Agreement Form
☐ May 19, 2014	This Signed Athlete Participation Agreement due to Region Office
☐ May 19, 2014	Iowa HP Camp payment due in full: $75 ($80 if paying w/ credit)
☐ June 14, 2014	Iowa HP Camp, Simpson College, Indianola, IA

Check the Iowa Region web site for updates:
http://www.iavbreg.org/HighPerformance.html

Questions regarding the Iowa High Performance Program please contact:
HP Director, Kurt Trout at **hp@iavbreg.org**

IOWA REGION VOLLEYBALL
HIGH PERFORMANCE PROGRAM
ATHLETE PARTICIPATION AGREEMENT

INTRODUCTION
The purpose of this contract is to set out the goals and objectives, regulations, policies and procedures of the Iowa Region High Performance (HP) Program. It is intended to assure a systematic and efficient organization and operation.

The guidelines stated in this agreement have been established to ensure the successful operation of the athletic program and a positive experience for all involved. In order to be considered for the Iowa HP Program, it is required that all participants and parents read and sign this agreement, indicating full knowledge of the guidelines, regulations, and commitment that participation in Iowa HP requires.

CAMP FEE
Athletes will pay a $75.00 ($80 is due if paying with credit) participation fee to attend the Iowa HP camp.
Payment of the Iowa HP Camp participation fee is due in full by May 19, 2014.

IOWA HP OBLIGATION
Iowa HP is committed to select, develop, and help support athletes who will represent the Iowa Region at competitions with the ultimate objective of winning medals at the USAV High Performance Championships and other national and international competitions.

Iowa HP, in order to fulfill this role, organizes, promotes, and manages a wide range of programs intended to support athletes in training for the sport, provides training and competitive opportunities for athletes, and provides support services for athletes, coaches, clubs, tournament organizers, and officials.

During the term of this Agreement, Iowa HP undertakes to meet the highest standard expected of a Regional Volleyball Organization dedicated to producing world-class athletes. In order to achieve this aim Iowa HP agrees to:

1. Operate Regional HP Team activities to the best of its ability, drawing upon all those resources available to it in order to ensure maximum development of the Athlete;
2. Provide for the day-to-day requirements of members of the Regional HP Teams, including adequate funding for coaching and support staff as well as training and support programs to provide the Athlete with every possible opportunity to excel in competition;
3. Conduct all merchandising, marketing, promotional and sales operations with due diligence, in good faith and in accordance with the highest business standards;
4. Iowa HP identifies Athletes for Regional HP camp from amongst those participating in the Iowa HP tryouts.
5. Provide ongoing Iowa HP team information in a timely manner to the Athlete in the form of information mailings;

6. Iowa HP shall, at its cost, ensure availability of adequate First Aid and emergency services for the Athlete during training and competition;
7. Iowa HP through USA Volleyball shall provide limited excess medical insurance coverage for the Athlete
8. Plan and manage the Iowa HP training programs and sessions for the ongoing development of Athletes in accordance with the budget and processes of the Iowa Region Volleyball Association;
9. Maintain confidentiality with respect to medical information supplied by the athlete as a requirement for participation in this program. Information shall not be released unless Iowa Region Volleyball Association is required to do so by law;

CONDUCT

Participation in the Iowa HP program is a privilege. Iowa HP and Iowa Volleyball Region reserves the right to revoke or restrict the privilege of participation if an athlete fails to adhere to the policies as outlined in this agreement.

All Iowa HP athletes represent not only themselves, but also their families, the region, the State of Iowa, and USA Volleyball. Athletes are expected to display appropriate behavior on and off the court.

Any physical damage to Iowa HP equipment or property, any facility, incidental room, phone charge, or loss of items in a dormitory or hotel room shall be paid for by those individuals assigned to the room, or utilizing the equipment, in which the damage or loss occurs.

Any act considered to be an offense under federal, state, or local laws, or is a violation of USA Volleyball policies is prohibited.

Iowa HP maintains a commitment against any form of harassment in the training of competitive environment because of a person’s race, sex, religion, sexual orientation, age, national origin, citizenship status, handicap, or disability. Iowa HP is committed to providing an environment free of sexual harassment.

ATHLETE OBLIGATION

During the term of the Agreement, the Athlete accepts to conduct oneself in such a manner as to realize their full athletic potential. The Athlete acknowledges that he or she must use all good faith effort to succeed in every event in which he or she is competing. In order to achieve this aim, the Athlete agrees to:

1. Pay all fees associated with participation in the program;
2. Be a member in good standing of the Iowa Region Volleyball association and abide by all the terms, conditions and policies for such membership.
3. Allow Iowa HP to use, as long as they choose to do so, the Athlete’s player attributes (name, nickname, photo, etc.) for the promotion of volleyball competitions or activities organized by Iowa HP or in which Iowa HP is a participant.
4. Adhere to all the rules, regulations, and conditions of eligibility and other pertinent materials issued by Iowa HP as they may apply to the Athlete;
5. Act as a "goodwill ambassador" for Iowa HP
6. To uphold all codes of conduct imposed by other organizations which host the Athlete, domestically or abroad.
7. Dedicate oneself to a training and competition program as set out amongst the Athlete, the Athlete's coach and Iowa HP;
8. Understand that failure to compete in good faith, to the best of his/her abilities constitutes grounds for removal from the Iowa HP team.

9. If an athlete quits a team, he/she will be ineligible to participate the following season.

NOTE

It is important to note that due to the high visibility and increasing public scrutiny of all athletic programs, athletes are expected to meet higher standards of personal conduct and appearance.

INJURY

All injuries must be reported to the coach and HP Director immediately, regardless of how minor they may be.

TERM

The term of this Agreement shall be from May 1, 2014 to the conclusion of your participation with the Iowa HP Program. In the event that the athlete has not reached the age of legal majority, their parent and/or Legal Guardian in signing this Agreement is joined herein as a party for the purpose of consenting to the Athlete's participation with Iowa HP and agrees to be bound and to bind the Athlete to the terms and conditions of the Athlete Participation Agreement.

Your selection as a member of Iowa HP requires that you enter into this Agreement and abide by its terms and conditions. This is a legally binding agreement between you and Iowa HP.
Please read this document carefully, by signing this Agreement you are confirming that you have read and understood the information contained within. Please take the time to review the contents carefully, if you do not understand this Agreement you may wish to consult with a representative of Iowa HP who can explain the intent more fully.

The athlete and parent signatures below indicate that both have read and agree to comply with the content of this agreement. By signing, both agree to submit to the authority of the Head Coach, the HP Director and the Iowa Volleyball Region in any matters regarding the athlete and his/her participation in the Iowa Region HP program.

By signing this Agreement, I signify that I am willing and able to take part in the Iowa High Performance Individual Future Select Camp.

If selected to represent the Iowa Region in its HP program, I will sincerely endeavor to contribute my best to the success of that program.

_____

Student Athlete's Printed Name

_____

Student Athlete's Signature

_____

Date

PARENTAL BEHAVIOR

Parents and supporters of Iowa HP athletes and teams must realize that any interference with a match or participants of a match (athletes, officials and coaches) can result in disciplinary action taken by Iowa HP, the Iowa Volleyball Region and/or USA Volleyball. Acceptable and appropriate sportsmanship is a fundamental component of our athletic program and we will help ensure that our athletes and spectators always exhibit such exemplary conduct. Parents are advised to direct questions/concerns about their student/athlete to the following individuals in their listed order: (1) HP Director (2) Team Head Coach, (3) Region Commissioner. Do not approach coaches during or after any practice or team competitions. To meet with the HP Director, please schedule an appointment by contacting the HP Director; if unsuccessful, contact the Region office at 515-727-1860.

THE FOLLOWING SECTION MUST BE COMPLETED IF THE ATHLETE IS 17 YEARS OF AGE OR UNDER

PARENT/GUARDIAN INDEMNITY AGREEMENT

A parent or guardian's signature **must accompany** the Iowa High Performance Athlete Participation Agreement if the Athlete is under the age of 18 at the time of signing the Agreement. This signature **is in addition to** and not in place of the Athlete's signature on the Agreement.

I am the parent/guardian of _____, who was born on _____ and is therefore a minor at the time of signing the Iowa High Performance Athlete Participation Agreement with Iowa HP.

I recognize that the Athlete derives benefits from signing this Agreement. I also recognize that the Athlete assumes obligations and I further recognize Iowa HP's desire and need to enforce these obligations.

In consideration of the Athlete, entering into the Iowa High Performance Athlete Participation Agreement, I hereby agree to indemnify and hold harmless Iowa HP from any losses which Iowa HP may incur as a result of the breach of any provision of this Agreement by the Athlete.

_____

Parent/Guardian name (please print)

_____

Parent/Guardian signature

_____

Date