

POST-SEASON TOURNAMENT PLAYER PERMISSION FORM

The Aloha Region volleyball season begins on September 1 and culminates at the conclusion of the last Aloha Region Junior Regional Championship in the respective season. The post-season period begins on the day after the last regional final and ends on October 31 of the same year.

This permission form is to provide authorization for a player to participate in Post -Season Out of State Tournament(s) with another team/club where such participation is approved by the respective tournament.

Guidelines as stated in the Aloha Region's Post-Season Player Transfer Policy for Out of State Tournaments, along with compliance to the Aloha Region's Coaches Code of Conduct and Ethics, must be strictly adhered to by all coaches and Club Directors in order for this request to be approved by the Aloha Region Commissioner.

Definitions:

Exiting Team/Club: Team and Club of which the player is a member.

Receiving Team/Club: Team and Club of which the player is NOT a member.

Player Name: _____ Player's Exiting Team/Club Name: _____

I, _____ would like to participate in post-season out of state volleyball
(Player's Name)

tournament(s) with: _____ (Receiving Team/Club Name).

We, the undersigned, have read and will comply with the Aloha Region's Post-Season Player Transfer Policy for Out of State Tournaments. We understand that by having coaches, club directors, parents and the Aloha Region Commissioner execute this permission form that _____ will be able to participate in "Post-Season Out of State Tournament" play with the Receiving Team/Club.

REQUIRED SIGNATURES: (Club Director and Team Coach may be the same.)

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Exiting Club Director: _____ Date: _____

Exiting Team Coach: _____ Date: _____

We **approve** the above player's participation in "Post Season Out of State Tournaments" with _____ (Receiving Team/Club name).

I/We **do not approve** of this player's participation with _____ (Receiving Team/Club)

Reason (**required**): _____

Receiving Club Director: _____ Date: _____

Receiving Team Coach: _____ Date: _____

Aloha Region Commissioner: _____ Date: _____