



## USA Volleyball High Performance Program Athlete Behavior and Ethics Agreement

Athlete's Name: \_\_\_\_\_

Program or Team: \_\_\_\_\_

Site of Program: \_\_\_\_\_

As an athlete representing USA Volleyball, I recognize and accept responsibility to uphold ethical and appropriate behavior as compared to accepted normal standards and the specific standards which apply to my participation in a USAV-sanctioned National Team or Program. I am aware of my responsibility to represent the United States of America and USAV in a manner that enhances the image and reputation of both.

I acknowledge by my signature below that I will not condone nor participate in any type of inappropriate behavior including, but not limited to, the actions listed below. I also acknowledge that failure to comply with this Agreement may result in penalties that could include immediate termination from participation in USAV High Performance Programs, a flight home at my own expense, loss of membership in USA Volleyball and any and all privileges associated thereto.

1. Consumption, possession or distribution of banned substances including tobacco, alcohol (regardless of athlete's age) and drugs;
2. Falsification of documents;
3. Possession of any illegal substances or items;
4. Disturbing the peace or destruction of property;
5. Rude, hostile, disobedient, disruptive or disrespectful behavior; and
6. Obscene or abusive language or behavior

Signature of USAV athlete: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Signature of Witnessing Parent: \_\_\_\_\_

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### ***For Junior or Youth National Training Team and National Team Participants Only (MJNTT, WJNTT, BYNTT and GYNTT)***

By my signature below, I affirm that I either:

1. Do not take any medications or supplements; or
2. If I do take any medications or supplements, I have visited the USADA website to determine compliance of those substances; and
3. If such substances are noncompliant, I have undertaken - or will undertake as soon as possible - to schedule an appointment with my doctor and begin the FIVB Waiver process.

Signature of USAV athlete: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Signature of Witnessing Parent: \_\_\_\_\_