

2023-24 LA VERNIA VOLLEYBALL CLUB TEAM CONTRACT

Player (printed name): _____ Age Div: _____ Grade: _____

Parent/Guardian (printed name): _____

LA VERNIA VOLLEYBALL CLUB Financial Terms

I recognize that upon attending try-outs, I will pay a \$400 **non-refundable** deposit prior to leaving the facility. If I choose to accept a position with another club and leave LVVC, I understand that this deposit, along with any payments made, will be forfeited and I will not be refunded \$400 non-refundable deposit, or any payments made to date.

I understand **ALL** payments made to **LVVC** are non-refundable and are required by this contract, even in the case of injury or illness, due to the budgeting of season expenses shared in unison by all players on team.

I am aware of my financial obligation as a parent/guardian, and I understand that each check will be deposited on the 15th of each month. I understand that if my check is returned by the bank unpaid, my daughter **will NOT** be allowed to participate in practice or tournaments until all payments are brought current.

If you choose to use a debit or credit card to pay for tuition, we still require post-dated checks for the season. Each month, once your payment has been posted, you will receive an updated invoice. All payments will be by cash or check. If you need to pay with a credit card, please contact Hillary (there will be a 3% fee on all credit card transactions).

I hereby agree to pay LA VERNIA VOLLEYBALL CLUB **ALL** team fees due by February 15th, 2024. Failure to pay the total amount will result in violation of USAV rules as follows.

1. **USAV** - Violation and will NOT be able to play USAV volleyball again until debt is paid.
2. **Legal Action** - All delinquent accounts will be turned in to Wilson County attorney's office for collections.

After the initial deposit of \$400 is paid, the remaining fees will be divided into 6 installments to be paid on:

	Aug. 15 *	Sept. 15 *	Oct. 15 *	Nov. 15 *	Dec. 15 *	Jan. 15 *	Feb. 15
Nat'l Team:	\$436	\$436	\$436	\$436	\$436	\$436	\$434
Semi-Nat'l.	\$393	\$393	\$393	\$393	\$393	\$393	\$393
Regional Team:	\$279	\$279	\$279	\$279	\$279	\$279	\$276

I have read and understand all RULES written above and agree to the financial terms stated. I personally and unconditionally guarantee payment of all TEAM Fees to LA VERNIA VOLLEYBALL CLUB (LVVC).

Parent/Guardian's Signature _____ Date: _____

Player's Signature _____ Date: _____