**/Users/dottiphippsrocks/Desktop/Extreme Volleyball.pdf2021-2022 Club Volleyball Season Payment Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to pay the fees required by Extreme Volleyball

(Print Name of Parent or Guardian)

Club for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the 2021-2022 Season.

(Players Name)

The deposit shall be paid and is nonrefundable, at signing day, in order to accept a position. In addition, there will be 5 remaining payments based on the payment schedule below.

**Extreme VBC Payment Plan**

**Payment 1(Deposit):**

Due: Tryouts

Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payments 2 thru 6:**

Due: 1st of Every Month beginning October 1, 2021 and ending February 1, 2022.

Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY**

Once the Club receives the first payment from the Parent or Guardian, then the Club and the parent or guardian have entered a binding contract consistent with the laws of The State of Texas.

**All payments are non-refundable.** Once the season ensues, as defined by the execution of the North Texas Region Offer and Acceptance form and all other necessary forms, the parent or guardian agrees to make any and all payments regardless of value gained or player attendance. ***There are no refunds****.*

All other clubs are obligated to respect this signing and shall cease to contact the guardian/parent and/or player. The guardian/player shall notify any club coach or director who contacts them that they have **officially joined Extreme Volleyball Club.** It is understood and agreed that the player represents Extreme Volleyball Club regardless of specific team assignment. Signatures by the parent or guardian, player, and club director on this contract signify a commitment to Extreme Volleyball Club for one season and an agreement to make payments per the schedule outlined above.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)

**\*Returned checks incur a $35 fee \*VISA/MASTERCARD/ Credit Cards accepted Payments received after the 5th of each month will incur a $35.00 late fee**