CLUB Chico West Volleyball 2025

Tournament Dates

14U TBA

18U TBA

[www.quijotesports.com](http://www.quijotesports.com) Here you will find the seasons dates, we will choose which tournaments to attend once we know the commitment of the teams.

PRACTICE TIMES 12-2 Sundays Hamilton High School

 REGISTRATION for SEASON

$350 collected on last day of clinic + registration packet. $350 can be paid in 2 checks made out to CLUB Chico Volleyball for $175 (1 dated for day of last clinic, 1 dated for Jan. 31, 2025) or full amount. $350 covers uniform, coaching, tournament fees, insurance, team registration, coach registration, equipment, director fee, operating costs, gym rental costs. Separate from the $350, players must be registered and registration paid $16 online at aausports.org by parents.

ANY questions please call or text

Molly Johnson Lex (530)864-2412

CLUB Chico West Volleyball director

Registration Packet

2025

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shirt size\_\_\_\_\_\_\_\_\_

CLUB Chico West Volleyball

Player Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important medical issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature

CLUB Chico West Volleyball

Payment Form

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one payment option and sign bottom for financial responsibility

MAKE CHECKS PAYABLE to: CLUB Chico Volleyball

$350 per player (this does not include $14 AAU player registration nor travel expenses)

\* **PROCESSING FEE of $150 will be assessed for DEFAULT of a CLUB Chico Volleyball team\***

**NO REFUNDS AFTER January 31**

\_\_\_ OPTION 1 Paid $350 on \_\_\_\_\_ cash check # \_\_\_\_\_\_\_\_

\_\_\_ OPTION 2 Paid $175 on \_\_\_\_\_ cash check # \_\_\_\_\_\_\_\_

 Paid $175 on \_\_\_\_\_ cash check # \_\_\_\_\_\_\_\_

 (2nd check postdated for 1/31/2023

Parent signature

CLUB Chico West Volleyball

Player/Parent Contract

I understand that I have been selected to play on a team with CLUB Chico Volleyball during the 2025 season. By signing this contract I agree to all the terms that my participation requires as stated below:

1. I will attend all CLUB Chico Volleyball practices and tournaments. I understand that my absence from any such event may affect my participation on my team (except those due to my involvement in a school sport, illness or academic activity) and that such consequences will be determined by my Head Coach.

2. I acknowledge that my membership in CLUB Chico Volleyball binds me to the full payment of my 2025 fees. I understand that I will be released from this obligation only in the case of my being asked to relinquish my membership by a majority vote of the Board of Directors (this release will only be extended to me in the case of an incapacitating injury which does not allow me to play for the rest of the season).

3. I acknowledge that if I request my child to relinquish their membership in CLUB Chico Volleyball after registration has been paid and she has been placed on a team, that a $150 default fee will be deducted from registration refund as well as costs incurred.

4. My family will be responsible for their own **positive behaviors** while attending all tournaments.

5. This contract supersedes but does not exclude any Code of Conduct or Team Contract signed.

Player signature DATE

Parent signature DATE

|  |
| --- |
|  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |