I, the Parent/Guardian of (player's name)_____, agree that my child's membership with **Gulf Coast Jrs Volleyball Club** will require that she attend all practices and tournaments. I realize that in giving my child a position on a **Gulf Coast Jrs Volleyball Club Team**, the Club has denied a position to others seeking the opportunity to play for the Club, and I agree that my child is committed to playing the entire season as defined on the schedule. If your athlete cannot attend a practice or tournament, you should give notice to your coach or Club Director as soon as you are aware of the absence.

I further understand that I am responsible for paying the full amount of dues regardless of the number of practices or competitions in which she participates. Full payment must be made even if you have a season ending injury or if you decide to quit the program during the season regardless of reasoning. The season dues will cover the following costs: court rental; team equipment; apparel; and coaching stipends & tournament entry fees.

I also understand that once the deposit/payment to **GCJVB** has been made, your deposit/payment is **non refundable.**

Checks should be made payable to **Gulf Coast Jrs Volleyball Club** and are due on tryout day.

Dues for MINI season are $475 ($50 Registration & $425 Tuition). In the event your child does not receive a team assignment, she will be invited to participate in Academy or GCJrs will return the $425 tuition.   Players must have an active AAU membership not included in tuition.

Also, in the event of default, if this obligation is referred to an attorney, and/or collection agency, the Member agrees to pay, over and above his liabilities hereunder, reasonable Club's attorney fees, court costs and costs of collection.

We have read all of the expectations for the participant and parents and we agree to abide by all of the rules.

YOUTH PARTICIPANT

Name:_____Date of Birth:_____

PARENT(S) AND/OR LEGAL GUARDIAN(S)

Name:_____Date:_____

Signature:_____

Name:_____Date:_____

Signature:_____

Please make a copy of this form for your own records.