

Northern Lights Volleyball Club

Player Commitment Contract and Emergency Release

13U, 14U, and 16U Comp Season 2012

Player Commitment

The purpose of this program is to develop your mental, physical, and emotional abilities as a volleyball player and to enhance your opportunities to play at a higher level. In order to meet this goal, certain personal sacrifices must be made; sacrifices that pave the way for a commitment to this program.

These commitments include:

1. To work consistently toward higher individual techniques and team goals.
2. To maintain and express a positive and supportive attitude toward individuals and the team as a whole.
3. Complete dedication to the team as a whole.
4. Wholehearted participation in practice sessions, matches, and tournaments.

Athletic participation is a privilege. Playing in this club involves a great deal of individual and family sacrifice. If you agree to this commitment contract, you will be expected to adhere to these policies and realize that they are imperative to a sound team concept. Failure to follow these policies could result in any of the following consequences:

1. Disciplinary actions as voted on by team members in the case of a minor violation.
2. Suspension from the team for a series of practices.
3. Dismissal from the program.

As you strive to be treated as an adult, you will bear full responsibility for your actions.

Financial Commitment

As parent or guardian I agree to the following financial obligations:

1. To pay Club Membership Fees of \$260.00 as outlined here.

Choose a payment option.	Check / Cash	PayPal
OPTION 1 One payment, due on or before the first tryout, November 28	\$240.00	\$245.00
OPTION 2 One payment, due on December 5	\$250.00	\$255.00
OPTION 3 Two payments, due December 5 and January 23	\$130.00 each	\$135.00 each

2. If my daughter drops from the program for any reason, I understand there is no refund and I am responsible for the full payment of \$260.00.

3. I understand a fee of \$35.00 will be charged for all NSF checks.

*Players not selected for a team will receive a full refund of this payment.

Emergency Release

I, as parent or guardian of _____, give my permission for this player to receive minor medication when the need may arise. The adult in charge will give this minor medication at the time. In case of emergency, and in case I cannot be reached, I authorize emergency treatment at the nearest recognized medical facility.

I indicate my agreement to abide by these commitments and agreement to this financial obligation.

I indicate my agreement to this financial obligation and emergency release.

Player Signature

Parent Signature

Date

Date

Please Print Your Name Below

Please Print Your Name Below