

ARIZONA SKY VOLLEYBALL CLUB
11410 N. 19th AVE. * PHOENIX * AZ * 85029 * (602) 944-1219
FINANCIAL COMMITMENT AGREEMENT FORM
Revised on 10-14-19

TEAM _____ INITIAL COMMITMENT FEE _____ CHECK # _____ AMOUNT _____

I acknowledge that my child, _____, has been selected to participate in club volleyball and will abide by AZ Region/USA/AAU Volleyball rules and policies. I acknowledge that I have registered my child with the AZ Region/USA/AAU Volleyball and we are committed to Arizona Sky Volleyball Club from **Nov 16-July 4, 2020**.

I acknowledge that my total financial commitment to Arizona Sky VBC is \$ _____. National Teams are required to participate after AZ Regional tournament (Festival or Girl Junior National Competition with USA or AAU). I fully understand that ALL post season competitions and/or tournaments are an additional expense and are not included in the above amount.

I understand that if my child withdraws from participation before the completion of their team's scheduled volleyball season, all prepaid monies will be forfeited. In addition, I will submit any remaining balance due within sixty (60) days from the time my child withdraws from participation in the club volleyball.

I further commit to making my monthly payments on or before the first (1st) of each month in accordance with the Payment Schedule. Failure to provide timely payments will incur a late charge of \$25/month and may result in the suspension of my child's practice or participation. It is the parents/guardians responsibility to notify Arizona Sky VBC representatives by the first (1st) of the month that a payment will be late.

All checks are to be made out to Arizona Sky VBC and can be deposited in the "Payment Box" located upstairs. Please DO NOT give payment to your coaches. **Cash payments will only be credited if a signed receipt is received from the GM/CD of Arizona Sky VBC.**

Any returned checks are subject to a \$25.00 return fee and all future payments must be made with a money order or cashier's check. I also understand that before my child can rejoin her team, all outstanding balances must be paid.

By signing this document, I agree to all the terms therein and have taking the time to read this document completely. By signing I also am stating that all my financial questions have been answered.

Parent/Guardian Print Name

Date

Parent/Guardian Signature

FOR OFFICE USED ONLY

ALTERNATE PAYMENT PLAN _____

APPROVED BY _____, DATE _____