

SHAM-ROXZ VOLLEYBALL

PARTICIPATION AND PAYMENT AGREEMENT

I have read the Shamroxz Volleyball handbook and this agreement concerning the policies and practices of Shamroxz Volleyball.

- *I agree, with my daughter having been selected to the team listed below, to let her join Shamroxz volleyball for the 2011-2012 season. In agreeing to this, I understand that she cannot play for any other team in the USA Volleyball or AAU Volleyball without a written release from the Director of Shamroxz.
- *I understand that I am responsible for all the fees due by the Player.
- *I understand and agree that upon signing this agreement and paying a deposit of \$300, I shall be financially responsible for the entire fee for this season, payable as set out by Shamroxz.
- *I understand that I am responsible for hotels, transportation and meals for my daughter during this travel season.
- *I understand that the team will travel to a specified number of tournaments and we commit to attending all tournaments listed for her team. If a situation should arise where my daughter is unable to attend a tournament, we will contact the coach **immediately** to inform him/her of the situation. I understand that a replacement player, practice player, alternate player may be used to cover for my position in my absence. I understand that I am not entitled to a refund in this situation.
- *I understand and commit to staying in the team hotel for any 'Stay to Play' tournaments (Big South and Tampa) understanding we must book 4 rooms to enter the to enter the team in the tournament.
- *I understand that if I am unable to make a payment on time, I will communicate that to the treasurer (lpittman@thepineschool.org) in writing to arrange an alternate payment plan.
- *I warrant, represent and agree that my daughter is in good physical health and that she has no disability, impairment or ailment that prevents her from engaging in active or passive exercise and that she has no condition that would cause such exercise to possibly be detrimental to her health, safety, comfort or physical condition.

I, the parent/guardian of _____
read, acknowledged and agreed to this agreement on (date) _____

Parent/Guardian Name: _____

Parent/guardian Signature: _____

Address _____