



Player Commitment Contract 17 Travel Team 2018-2019

I, _____, accept the position on the **17 Travel Team** and commit to play club volleyball for Lower Hudson Volleyball Association for the 2018-2019 season. I agree to make the payments on the specified dates below. I understand that if I do not pay LHVA, the consequences can include removal from the team and not being able to play for any other club until all payments are made. I have read and understand the GEVA Parent's Guide to Club Volleyball and GEVA Region 2018-2019 Recruiting and Binding Commitment Policy.

I was offered the position on the team on November 17, 2018 and will accept the position on November 21, 2018.

Payments:

1st Payment: Due 11/26/18	\$1,250
2nd Payment: Due 1/28/19	\$625
3rd Payment: Due 2/25/19	\$625

I understand that the LHVA 2018-2019 membership fee is non-refundable. I, as a member, know that if I should become; injured, ill or if for any reason decide not to play on the team, I adhere to remain responsible for the entire membership fee of \$2,500, due in full by the above listed dates.

I have read and understand the player commitment contract and agree to all of the above listed conditions.

Player Name (print)

Parent/Guardian Name (print)

Signature & Date

Signature & Date