

# Alpha Gamma Juniors Volleyball 2009-2010 Acceptance Contract

Participants Name: \_\_\_\_\_  
(Print Full Name)

Has been offered a position on a \_\_\_\_\_ team.  
(print club team)

I, the undersigned member, agree to make payments on the specified dates and the agreed amounts state on the payment schedule below to Alpha Gamma Volleyball. I understand the consequences that will be brought against me if the contract is violated. The penalties could include: account being turned over to collection agency, expulsion from the club, and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that Alpha Gamma Volleyball may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

**Non-Refundable Tryout Fee - \$100**

**Second Payment on 1/1/10 - \$400**

**First Payment on 11/23/09 - \$400**

**Third Payment on 2/1/10 - \$400**

*The membership fee is non-refundable under all circumstances. If a Member sustains an injury, becomes ill, or for any reason at any time decides not to participate in Alpha Gamma Juniors Volleyball, the Member remains liable for the total season fee.*

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player Printed Name

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**Georgia Efthalitsides**

\_\_\_\_\_  
Alpha Gamma Director Printed Name

\_\_\_\_\_  
Alpha Gamma Director Signature

\_\_\_\_\_  
Date