

ZIVA Player/Parent Financial contract

Notice to ZIVA Players/ Parents/ Legal Guardian:

Please read this agreement (the “Agreement”) very carefully. It describes the responsibilities and obligations that come with being a member of Zone-In Volleyball Academy. By signing and completing this form, you agree to the terms and conditions as described herein.

The Parties:

1. Zone-In Volleyball Academy, hereafter referred to as “ZIVA,”
2. Player (Print full name): _____, and
3. Parent or legal guardian of Player if a minor or otherwise financially responsible for Player: (Print full name and relationship) _____

PLAYERS SHALL MEET AND UNDERSTAND THE BELOW LISTED REQUIREMENTS AND CONSEQUENCES:

4.) Payment: The Player’s Parent and/or Guardian understand that **payment is due on the 15th of each designated payment month (September-March)** and that **each payment as received is non-refundable** without exception. If you become fifteen (15) days in arrears on payments due on your account, there will be a \$30 late fee added to your month’s dues. If you remain unpaid by the following months due date, you will incur a \$100 late fee.

a.) Down Payment will be due at the First ZIVA Player/Parent Meeting in **check or cash only**. Meetings will be scheduled for Sunday July 29th at 1:30PM at Christ Academy.

-\$400 Down payment for 14’s-18’s ZIVA Teams

-\$300 Down payment for 12’s and 13’s ZIVA Teams

b.) All monthly payments (team fee – the down payment) are to be made in equal installments as stated above in paragraph 4, and are to be made 1.) online via ZIVA website 2.) through invoice emailed, or 3.) check or cash mailed to the ZIVA P.O. Box. No check or cash is to be given to ZIVA coaches.

c.) There will be a \$50 penalty for any bounced checks.

d.) Financial Contracts may become void upon a season ending injury, however no refund will be received.

5.) The Player’s Parent and/or Guardian has read, understands, and freely concurs

with the stipulations, fees, terms and conditions of this agreement. *The Player's Parent and/or Guardian is capable of legally entering into a contract, in accordance with the laws of the State of Texas and freely does so by completing and signing this membership agreement, a legally binding contract.

X _____
Player's Signature Date

X _____
Player's Parent and/or Guardian Signature Date

I, as an authorized representative of Zone In Volleyball Academy, accept this membership agreement on behalf of ZIVA.

X _____
Zone In Volleyball Academy Representative Date

Please print and return 2 copies of this Contract to the First ZIVA Player Meeting