



**Player Commitment Contract
Practice Player
2025-2026**

I, _____, accept the position as an alternate player on the _____ team and commit to play club volleyball for Lower Hudson Volleyball Association for the 2025-2026 season. I agree to make the payment on the specified date 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 understand that I will participate in all practices with the team and only participate in tournaments if there is a positional need. I have read and understand the GEVA Parent’s Guide to Club Volleyball and GEVA Region 2025-2026 Recruiting and Binding Commitment Policy.

I was offered the position on the team on August 21st, 2025 and will accept the position on August 25th, 2025. The payment schedule below reflects the balance after the \$250 online commitment.

Payment: Due 10/05/25 \$675

I understand that the LHVA 2025-2026 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 remaining responsible for the entire membership fee of \$925, due in full by the above listed date.

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