

* Please sign and mail with your 1st installment to 1820 Wenrose Dr. NE,
North Liberty, 52317

Participant Agreement & Consent

I have read, understand, and agree to the policies, procedures and obligations set forth in the Boost Volleyball Club Handbook. As evidence by my signature, I certify that I have read and understand all of the foregoing and consent to abide by the rules as set forth herein.

Print Participant's Name

Team's Grade Level or Name

Participant's Signature

Date

Parent Agreement & Consent

I have read, understand, and agree to the policies, procedures and obligations set forth in the Boost Volleyball Club Handbook. As evidence by my signature, I certify that I have read and understand all of the foregoing and consent to abide by the rules as set forth herein. In addition, I certify that as Parent or Guardian of this participant, I have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under USAV, Iowa Region Volleyball Association and the club in which he/she is a member.

I agree to pay the fee of \$825 (\$690 for 10U) set forth by the club, broken into three equal installments of \$275 (\$230 for 10U) to be due on November 21, 2021, January 20, 2022, and February 20, 2022, allowing my child to participate in the program. I understand that my obligation to pay the \$825 (or \$690) remains despite my child's failure to fully participate in practice and/or tournaments. For example, if Daughter enrolls and then decides that she does not want to play, Parents are obligated to pay the entire amount set forth. (Note: Payments not received may result in termination of player practice and tournament play until payments are brought current.)

(1) Parent/Guardian Name (please print)

Relationship

Parent/Guardian Signature

Date

(2) Parent/Guardian Name (please print)

Relationship

Parent/Guardian Signature

Date

