

# Billings Avalanche, LLC- Financial Agreement 2021 Club Volleyball Season

Player: \_\_\_\_\_

Parents/Guardian: Mother \_\_\_\_\_

Father \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Player Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Mother/Father/Legal Guardian: Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Circle One Month Day Year

Mother/Father/Legal Guardian- Place of Employment:

\_\_\_\_\_

Mother/Father/Legal Guardian- Driver's License Number:

\_\_\_\_\_

Mother/Father/Legal Guardian- Email Address:

\_\_\_\_\_

## **PARTICIPATION FEES:**

All player fees are **\$550.00**. Parents may choose to pay the entire amount at contract signing or agree to a payment schedule of \$300.00 at contract signing with the second payment of \$250.00 due on or before March 15, 2021. **A parent or player is required to work a four-hour shift at the Billings Avalanche Tournament on March 6<sup>th</sup>, 7<sup>th</sup>, 26<sup>h</sup>, May 1<sup>st</sup>, or 2<sup>nd</sup> OR pay an additional \$50 fee.**

**LATE FEES:**

I hereby agree to pay a late fee of \$25.00 that will be assessed for each month a player’s running account balance is overdue.

I hereby recognize and acknowledge that participating in club volleyball, including travel, may involve bodily injury or emotional injury to my child and in consideration of my child’s participation in Billings Avalanche, LLC, I hereby voluntarily and knowingly release, waive, and discharge Billings Avalanche, LLC, it’s officers, employees, and volunteers, from any and all liability resulting from my child’s participation in the activities of the Club.

I hereby authorize the staff of Billings Avalanche, LLC to act on my behalf in accordance with their best judgment in the case of an emergency and I agree to assume full responsibility for all medical expenses that may arise therefrom.

I further understand that I am responsible for obtaining primary insurance coverage for my child and it is not the responsibility of Billings Avalanche, LLC or its officers, employees, or volunteers to provide such insurance. **I am aware that AAU membership provides secondary insurance for its members in the event that a player/member is injured during a club activity or playing contest.**

I hereby agree that my child and I will be subject to and comply with all the rules and regulations of AAU and Billings Avalanche, LLC. These rules and regulations are reflected in the Player Participant and Parent Code of Conduct that you signed when you became a member of Billings Avalanche, LLC.

I understand that Billings Avalanche, LLC may use photographs of my daughter on their website and other marketing materials. I also understand that if my daughter is to play in college she will be identified in their Hall of Fame unless she or her guardian requests otherwise.

**Because most of the expenses for entry fees, gym rentals, and the uniform package must be paid in advance, I agree that I shall be liable for the payment of the FULL amount of fees for my child’s participation in the club activities, whether or not my child participates for the entire season. I am permitted to pay such fees in two installments or pay the entire amount upfront. I understand that Billings Avalanche, LLC, will not waive, grant, or refund any of the said payments.**

**I agree to pay all collection costs together with reasonable attorney’s fees or collection agency’s fees in the event that my account becomes delinquent.**

I have read the content of the 2021 financial agreement and understand and agree with the terms herein.

Parent/Legal Guardian/Responsible Party: \_\_\_\_\_  
Print Name

Parent/Legal Guardian/Responsible Party: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_