

IPV Volleylites Participation/Payment Agreement

Player Name: _____ Volleylites Session #1__ #2__ #3__ #4__

Carefully read through the following terms and policies of Illinois Performance Volleyball, Inc. Signature of parent is required to show consent to this agreement and intent of member to participate with IPV.

Parents are responsible for all fees owed to IPV by the member including Volleylites fee, spiritwear, or equipment. All fees must be paid in full, regardless of duration of member's participation. No deduction or allowance will be made for absence or withdrawal from IPV. In the event of default, if this obligation is referred to an attorney, the member agrees to pay over and above their liabilities, reasonable IPV attorney fees, court costs, and the cost of collection.

Parents and members are responsible for providing transportation to and from practices in a timely manner. We ask that parents and members commit to arriving on time and be ready to participate per their coach's instructions. Players are expected to show respect for the coaches, fellow teammates, employees and the facility that they play/practice in. Bags and belongings should be neatly stored in designated area at practice and players are expected to clean up after themselves and represent IPV with pride. Players are not allowed to leave facility during practice without coach consent.

By use of the facilities provided by IPV, the member expressly agrees that IPV shall not be liable for any damages arising from personal injuries sustained by the member or her guests in, on or about the premises of the said facilities and further agrees that IPV shall not be liable for any loss or theft of personal property. Members assume full responsibility for any injuries damages, or losses that may occur to the member or her guests. Member further warrants that they are in good physical condition and have no disability, impairment or ailment that prevents her from engaging in active physical exercise that would be detrimental to her health, safety or comfort.

Member gives permission for IPV to use individual, group or team photos on the IPV website, news articles and club social and advertising media.

READ, ACKNOWLEDGED, AND AGREED TO ON THIS DATE: _____ (Parent Signature)

Player Name (print): _____ B-day: _____ T-Shirt Size: YL, AS, AM, AL, AXL (circle one)

Current Grade: _____ School: _____ VB Experience: _____

Parent(s) Name (print): _____ Parent Signature: _____

Address: _____ Town: _____ Zip: _____

Phone Number (Home): (_____) _____ (Cell): (_____) _____

Emergency Phone Contact: _____ Phone Number: _____

Email (Parent): _____ Email (Parent): _____

*We communicate by email and IPV website and will send updates to all emails listed above.

Volleylites fees are payable by cash, check or charge. Contact Patti at 630-969-8041 for charge payment (service charge applies). Dues payment by personal check should be made out to "IPV" with player name on memo line.

Player Payment Options: Check# _____ Cash _____ Charge _____ *+ service fee

Send payment/paperwork to: IPV, 4809 Forest Ave, Downers Grove, IL 60515

Illinois Performance Volleyball, Inc