

CONTRACT FOR HASTINGS HEAT J.O. VOLLEYBALL

2018 – 2019

I have thoroughly read, understand, and accept responsibility for the content provided in the Hastings Heat Expectations & Policies for 2018-2019. By signing this contract, I agree to abide by said rules as described on pages 1-3 of the Hastings Heat Expectations & Policies. I also agree that I will pay the fee in full according to the set schedule with the exceptions of injury or serious illness in which at that point will be determined at the discretion of the Club Director.

Athlete and parent initials and signatures are required below.

Athlete	Parent	
Initials	Initials	
___	___	PRACTICES
___	___	TOURNAMENTS / PLAY DAYS
___	___	BCL, P-DAY, MARCH MADNESS, & BOY'S SHOWCASE
___	___	FEES
___	___	SPRING BREAK
___	___	WARM-UPS
___	___	ATHLETE RESPONSIBILITIES
___	___	PARENT RESPONSIBILITIES
___	___	TEAMS / PLAYING TIME
___	___	VIOLATIONS
___	___	GRIEVANCE PROCEDURE
___	___	OTHER

OFFICE USE ONLY		
Registration	X	
Medical Release	X	
Letter of Commitment	X	
Contract	X	
Down Payment \$250 or \$325	X	
January - \$100		
February - \$100		
March - \$100		
Volunteer Check - \$150		
Other Payment		
Extra Concession Shifts	YES	NO
Social Media Policy	X	

ATHLETES NAME (print): _____

DATE: _____

ATHLETES SIGNATURE: _____

PARENTS NAME (print): _____

DATE: _____

PARENTS SIGNATURE: _____

(ALL TEAMS) I AM INTERESTED IN WORKING EXTRA CONCESSION SHIFTS: Yes or No

(ALL TEAMS) I HAVE A (POTENTIAL) CONFLICT(S) WITH THE FOLLOWING WEEKEND(S):
 December: _____ January: _____ February: _____
 March: _____ April (1st or 2nd weekend only): _____

ADDITIONAL NOTES:
