

2025-2026 PARENT FINANCIAL AGREEMENT 15-18s BOYS CLUB FEES: \$4,300

| PLAYER: | | D | OB: TEA | M: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| First Name (print) | Last Name (print) | | | | |
| ADDRESS: | | CITY/ZIP: _ | | | |
| PARENT CELL: | PARENT EMAIL | .: | | (print email) | |
| PARENT CELL: | PARENT EMAIL | : | | (print email) | |
| PARENT/GUARDIAN: | | | | | |
| First Name (print) | | Last Name (p | rint) | | |
| PARENT/GUARDIAN:: Signature | | DATE:_ | | | |
| APEX ¹ VOLLEYBALL CLUB requi | res payment of the | initial commitr | nent fee to confirm y | our membership and is due | |
| DAVMENT OPTIONS | <u>immediate</u> | ly upon accep | tance. | | |
| PAYMENT OPTIONS: | | | | | |
| OPTION #1: | | | | | |
| PAY-IN-FULL on Comn | nitment Dav: \$4.2 | 50 (\$50 Disc | ount) + \$500 (EOY) | | |
| | | , | | | |
| Credit/Debit Card: 3.8 | 5% charge fee for car | rd payment | └─ Check #: | | |
| OPTION #2: | | | | | |
| | | | | | |
| DEPOSIT: \$1,500 (non-re | efundable) | | | | |
| Sep: \$700 O | ct: \$700 N | lov: \$700 | Dec: \$700 | Jan: \$500 (EOY) | |
| Post Dated Checks: I | Due for the 10th of ea | ach month; <i>Plea</i> | se note in memo: Playe | er's Full Name, Team Name & Dues. | |
| Credit/Debit Card: 3.8 | | | | | |
| | -, c -, , a. g - , c - , c | | a ac chaigea ch an | | |
| REQUIRED: CREDIT / DEBIT AUTHORI | ZATION FOR ALL MON | NTHLY DUES, DE | LINQUENT PAYMENTS | & BOUNCED CHECKS | |
| Name on Credit Card: | CC#: | | | | |
| | | | | | |
| Credit Card Type: MCVISA | DISC EXP. DATE: | | CVV: ZIP COI | JE: | |
| Signature: | | | Date: | | |
| Upon signing this contract, the parent/guardian agreatravel payments must be completed by the deadling balances or late payment will be suspended from paseason, under any circumstance, shall be required be referred to our collection agent. Players with our received by the agreement date, APEX¹ Volleyball of \$65 per month. There will be a charge of \$25 for costs for collecting the owed balance. | nes stated, along with any & practice & tournaments until a to pay the full tuition, all tean tstanding fees will be barred Club will charge the listed cre | all other charges the account is made current A La Carte events, from participation in dit card or cash the p | at have been incurred by the pent. Members leaving APEX ¹ & an additional \$100 fee. All ou any registered club events un ostdated check for the balance | player &/or family. Players with outstanding Volleyball Club before the end of the current tstanding balances for tuition &/or travel will til balance is paid. If payment has not been that is due & there will be an added late fee | |
| OFFICE USE ONLY: | | | | | |

RECEIVED BY: _____DATE: _____

REFUND POLICY

I understand that,

Club Director has sole and absolute discretion as to whether club fees will be refunded or reimbursed under any circumstances, including disciplinary suspension/expulsion from the club, failure to follow USAV or AAU Volleyball and club procedures and rules or parents' failure to follow club and USAV/AAU Volleyball procedures and rules. Refunds will not be given due solely to injuries or illness outside of APEX1 Volleyball events. If a player is pulled from the team by personal or parental choice, a refund will not be given, and payment will be expected in full including all your player's team anticipated travel tournaments.

I understand that I am held responsible for my player's: all local tournaments, all team travel/two- three-day tournaments, & team's mandatory end of the year tournament.

A LA CARTE TOURNAMENTS:

3 DAY EVENTS NOT INCLUDED

WINTER FORMAL (LACC) 12/12-12/14 (ALL TEAMS) THE OPEN CHAMPIONSHIP (SLC,UT) 1/17-1/19 (15B,16B,17B,18B) THE SHOWCASE (LACC) 6/19-6/21 (ALL TEAMS)

| MANDAT | ORY End of the Year Tournar | <u>nent:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AAU CHAMPIONSHIP | TBD | (All Black Teams; Green Teams TBD) |
| PAYMENT OPTIONS for A LA CARTE FEES: | | |
| Check: Player's Full Name, Team Name | & Travel Dues. | |
| Credit/Debit Card: I would like my CC cha 3.5% charge fee for c | _ | |
| Travel with the team & shall be financially respons the signees agree to all conditions of payments & charges incurred. There will be no refunds given to Apex¹ Volleyball Club at any time will be responsible. | ible for any & all expenses related deadlines. Travel payments must b for travel payments, including under for ALL Travel fees. All outstand | persons signing below have committed the player to ALL to all travel & A La Carte Fees. Upon signing this contract e completed by deadlines given, along with any & all other er any circumstance of injury or illness. Members leaving ing balances for tuition must be paid before the player ournament fees required for the listed tournaments above |
| Player Name: | Player: | |
| (print) | (signature) | |
| Parent/Guardian:(print) | Parent/Guardian: (sig | gnature) Date: |
| Director Name:(print) | Director: (signature) | Date: |

CLUB DIRECTORS:

Alex Griffiths (714) 907-6966 Tinei Tuaniga (310) 560-3973 Gus Tuaniga (562) 706-2222 Email: apex1volleyball@yahoo.com Website: www.weareonevolleyball.com 2892 N. Bellflower Blvd. #368 Long Beach, CA 90815