ANGELS ELITE

Fellowship of Desert Athletes Volleyball Club

FINANCIAL AGREEMENT
2026-27 Season

I, the Parent/Guardian of (player's name)_____, agree that my child's membership with **Fellowship of Desert Athletes - Angels Elite VBC** will require that she attend practices regularly. I realize that in giving my child a position on an Angels Elite Volleyball Club Team, the Club has denied a position to others seeking the opportunity to play for the Club, and I agree that my child is committed to playing the entire season as defined on the schedule.

I also understand that once the deposit/payment to Fellowship of Desert Athletes - Angels Elite VBC has been made, your deposit/payment is non refundable. Any and all fees paid to the club are non-refundable.

Once an athlete accepts a spot with the club they are responsible for all club fees associated with the program. If the club chooses to provide any type of assistance, whether full or partial scholarship, the athlete remains responsible for the entire fee. If the athlete leaves the team for any reason during the season the entire club fee is due in full from the parent at the time of the athlete's departure, including any outstanding payments and/or reimbursement of any scholarship amounts given to players. If an athlete is released from a team due to a violation of any part of this contract there will be no refund for the remainder of the season.

Payments should be made payable to Fellowship of Desert Athletes through our online electronic payment PayPal options, includes Venmo and Debit/Credit Card. (www.angelselitevolleyballclub.com)

Down payments for the 15u-18u standard season are due on Saturday, August 1st, 2026.
Down payments for the 12u-14u standard season are due on Thursday, October 15th, 2026.

Also, in the event of default, if this obligation is referred to an attorney, and/or collection agency, the Member agrees to pay, over and above his liabilities hereunder, reasonable Club's attorney fees, court costs and costs of collection.

Player's Name (print) _____ Team Level _____

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

Address _____ City/State/Zip_____/_____/_____

Cell Phone_____ Date_____

Please make a copy of this form for your own records.