

# CLUB ACCEPTANCE LETTER

## HCJ JAGUARS 2019 - 2020 Season

### Player / Parent Participation Agreement

By signing this participation, I certify that:

1. I have read the terms of the HCJ Jaguars Volleyball Club offer and accept my position with the Club.
2. I will abide by the policies and HCJ Jaguars requirements (including financial conditions).
3. I am making a full commitment to play for HCJ Jaguars Club.
4. I have read the GEVA Recruitment and Commitment Policy.
5. I have read the GEVA Parents's Guide to Club Volleyball.
6. I have read the GEVA Spectators Code of Conduct.
7. I will give a deposit of \$100 as part of the Club fee.

Player

Name: \_\_\_\_\_  
(print) (sign) (date)

Parent or Guardian

Name: \_\_\_\_\_  
(print) (sign) (date)