

Alamo Sports Foundation (ASF) Payment Contract

This is a contract for the payment of fees between _____ (Parent/Guardian) and The Alamo Sports Foundation doing business as Viper Volleyball. This contract states the parent /guardian of _____ (Player) agrees to pay to the Alamo Sports Foundation the **total annual club fees in full of \$ _____** on time per the attached payment schedule.

Parent/Guardian further stipulates that he/she has the financial ability to enter into this contractual obligation. Parent/Guardian acknowledges that he/she is cognizant of the amount of fees; the fee payment schedule; and the penalties associated with any late payments. **Parent/Guardian agrees and guarantees to make full and complete payment of annual club fees regardless of any and all mitigating factors, including but not limited to, withdrawal, injury or unavailability.**

The fee payment schedule for ASF is hereby incorporated and made a part of this contract. Upon receipt of the initial payment, a position is secured. Late payments (payments post marked after the 5th of the same month the payment is due) are charged a \$50.00 late fee. Insufficient funds (NSF) checks will incur a \$35.00 collection fee and Alamo Sports Foundation will use an electronic resubmission process. An NSF check or credit card, may also incur a late fee.

Parent/Guardian understands that if the team agrees to pursue tournaments outside the Alamo Sports Foundation approved schedule, additional monies may be levied and the Parent/Guardian agrees to pay these additional fees based upon the updated Alamo Sports Foundation fee payment schedule.

The Alamo Sports Foundation enforces collection of all past due or delinquent fees via all legal means available. Parent/Guardian agrees to pay all reasonable and necessary attorney fees and any other reasonable collection expenses incurred as a result of such enforcement of collection activities. I/We accept and agree to abide by these policies and procedures and the policies and procedures in the orientation and Parent's Guide and any and all subsequent handouts.

HOLD HARMLESS AGREEMENT: IN CONSIDERATION OF MY CHILD'S ACCEPTANCE TO PLAY, I HEREBY EXECUTE THIS HOLD HARMLESS AGREEMENT WITH THE ALAMO SPORTS FOUNDATION ("ASF") AND VIPER VOLLEYBALL CLUB ("VIPER"). I INTEND TO BE LEGALLY BOUND, NOT ONLY FOR MYSELF BUT ALSO FOR MY HEIRS, REPRESENTATIVES, MY EXECUTORS, AND MY ADMINISTRATORS. IN SIGNING THIS AGREEMENT, I WAIVE AND RELEASE EVERYONE CONNECTED IN ANY WAY WITH ASF AND VIPER FROM ANY AND ALL LEGAL LIABILITY WHICH MAY ARISE FROM MY CHILD'S PARTICIPATION IN ACTIVITIES OF VIPER VOLLEYBALL CLUB, THE VIPER VOLLEYBALL ACADEMY AND/OR THE ALAMO SPORTS FOUNDATION.

Parent/Guardian signature below confirms that I understand that I am committing to the full and total payment of the dues regardless of whether my Player continues to play or practice.

(Signature of Parent or party responsible for payment of club fees)

(Date)

(Printed Name of Parent or responsible party)

Viper Volleyball
Payment Information/Fee Payment Schedule
Viper Select: Local Team (\$1350)

You may pay via check, money order or credit card. If you pay via credit card, please contact Melinda Kostek at (210) 523 7244 (leave a message). Please make your **check payable to Alamo Sports Foundation** and mail it to **Melinda Kostek** at: 9415 Marsh Creek San Antonio, TX 78250.

There will be a \$35 insufficient funds fee for any returned check and we reserve the right to collect any insufficient funds electronically through the automatic clearinghouse (ACH).

Each parent must provide a valid credit card we can maintain on file in case your payment is late or you provide us an insufficient funds check.

Local Team (\$1350)

| Payment | MayTry-Out | Jul Try Out | Oct Try-Out | Nov TryOut |
|---------|------------|-------------|-------------|------------|
| Initial | 150 | 350 | 450 | 550 |
| July 1 | 200 | --- | --- | --- |
| Aug 1 | 200 | --- | --- | --- |
| Sep 1 | 200 | 250 | --- | --- |
| Oct 1 | 200 | 250 | --- | --- |
| Nov 1 | 200 | 250 | --- | --- |
| Dec 1 | 200 | 250 | 300 | --- |
| Jan 1 | Paid | Paid | 300 | 400 |
| Feb 1 | --- | --- | 300 | 400 |
| Mar 1 | --- | --- | Paid | Paid |

Credit Card Authorization

I hereby authorize Alamo Sports Foundation or their agents and principals to charge my account for the tuition due and payable according to the schedule the Alamo Sports Foundation has provided (attached). I understand that this credit card is used only when I give verbal, written or email permission; if my payment is late; or if I provide an insufficient funds check.

Payments are due on the 1st of the month and are late after the 5th of the month. I understand that Alamo Sports Foundation will charge my card no earlier than the 6th of the month. I understand that I will be given a receipt for this transaction. I agree not to challenge those payments as I clearly understand that the fee payments are due and payable even if I withdraw my daughter from the club.

Credit Card Number: _____ **Expiration Date:** _____

Please check this box if you would like your monthly tuition payment charged to this credit card.

Insufficient Funds Check Collection

I hereby authorize Alamo Sports Foundation to use electronic means to resubmit my check(s) for collection for any and all monies due as well as the \$35.00 collection fee.

I understand that I am agreeing to the credit card authorization and the insufficient funds check collection procedures defined in this document.

Date: _____ Signature: _____

Print Name: _____

Viper Volleyball
Payment Information/Fee Payment Schedule
Viper Select: Regional Team (\$2400)

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Regional Teams (\$2,400)

| Payment | MayTry-Out | Jul Try Out | Oct Try-Out | Nov TryOut |
|---------|------------|-------------|-------------|------------|
| Initial | 400 | 500 | 600 | 700 |
| July 1 | 350 | --- | --- | --- |
| Aug 1 | 350 | --- | --- | --- |
| Sep 1 | 350 | 400 | --- | --- |
| Oct 1 | 350 | 375 | --- | --- |
| Nov 1 | 300 | 375 | --- | --- |
| Dec 1 | 300 | 375 | 450 | --- |
| Jan 1 | Paid | 375 | 450 | 575 |
| Feb 1 | --- | Paid | 450 | 575 |
| Mar 1 | --- | --- | 450 | 550 |

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Credit Card Number: _____ **Expiration Date:** _____

Please check this box if you would like your monthly tuition payment charged to this credit card.

Insufficient Funds Check Collection

I hereby authorize Alamo Sports Foundation to use electronic means to resubmit my check(s) for collection for any and all monies due as well as the \$35.00 collection fee.

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Date: _____ Signature: _____

Print Name: _____

Viper Volleyball
Payment Information/Fee Payment Schedule
Viper Elite Team (\$2,975)

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Regional Teams (\$2,975)

| Payment | MayTry-Out | Jul Try Out | Oct Try-Out | Nov TryOut |
|---------|------------|-------------|-------------|------------|
| Initial | 575 | 675 | 775 | 975 |
| July 1 | 400 | --- | --- | --- |
| Aug 1 | 400 | --- | --- | --- |
| Sep 1 | 400 | 500 | --- | --- |
| Oct 1 | 400 | 500 | --- | --- |
| Nov 1 | 400 | 500 | 500 | --- |
| Dec 1 | 400 | 400 | 500 | 500 |
| Jan 1 | Paid | 400 | 500 | 500 |
| Feb 1 | --- | Paid | 500 | 500 |
| Mar 1 | --- | --- | 200 | 500 |

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Payments are due on the 1st of the month and are late after the 5th of the month. I understand that Alamo Sports Foundation will charge my card no earlier than the 6th of the month. I understand that I will be given a receipt for this transaction. I agree not to challenge those payments as I clearly understand that the fee payments are due and payable even if I withdraw my daughter from the club.

Credit Card Number: _____ **Expiration Date:** _____



Please check this box if you would like your monthly tuition payment charged to this credit card.

Insufficient Funds Check Collection

I hereby authorize Alamo Sports Foundation to use electronic means to resubmit my check(s) for collection for any and all monies due as well as the \$35.00 collection fee.

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Date: _____ Signature: _____

Print Name: _____

Viper Volleyball
Payment Information/Fee Payment Schedule
Academy: Momentum (\$875)

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Momentum (\$875)

| Payment Date | May Try Out | July Try Out | Oct Try Out | Nov Try Out |
|-----------------|-------------|--------------|-------------|-------------|
| Initial Payment | 175 | 250 | 375 | 475 |
| July 1 | 125 | --- | --- | --- |
| Aug 1 | 125 | 125 | --- | --- |
| Sep 1 | 125 | 125 | --- | --- |
| Oct 1 | 125 | 125 | --- | --- |
| Nov 1 | 125 | 125 | --- | --- |
| Dec 1 | 100 | 125 | 250 | --- |
| Jan 1 | Paid | Paid | 250 | 200 |
| Feb 1 | --- | --- | Paid | 200 |
| Mar 1 | --- | --- | --- | Paid |

Credit Card Authorization

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Credit Card Number: _____ **Expiration Date:** _____

Please check this box if you would like your monthly tuition payment charged to this credit card.

Insufficient Funds Check Collection

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I understand that I am agreeing to the credit card authorization and the insufficient funds check collection procedures defined in this document.

Date: _____ Signature: _____

Print Name: _____