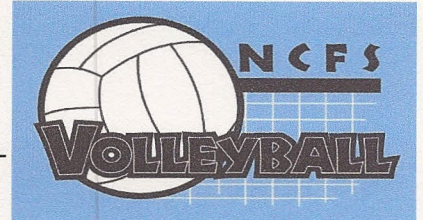


CLUB PRACTICE ONLY CONTRACT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ - _____ - _____
CELL PHONE _____ - _____ - _____
DATE OF BIRTH _____

EMAIL _____



T-SHIRT SIZE YL YXL S M L XL

I/WE THE PARENTS OF _____, UNDERSTAND THAT BY SIGNING THIS CONTRACT, THAT OUR CHILD IS ONLY REGISTERING WITH NO CO FO SHO JR VOLLEYBALL CLUB, IN A CAPACITY **TO PRACTICE ONLY** WITH THE TEAM. SHE/HE MUST MEET ALL OF THE GATEWAY/NCFS REQUIREMENTS, IN ORDER TO PRACTICE WITH THE TEAM. IN ORDER TO COVER EQUIPMENT, GATEWAY, AND GYM FEES THE COST FOR THIS WILL BE **\$160.00**. YOUR CHILD WILL ALSO BE INCLUDED IN ANY END OF SEASON PARTIES AND MAY ATTEND THE TOURNAMENTS AS A SPECTATOR OR .
SCORE KEEP, LINE JUDGE.

A TEAM PRACTICE T-SHIRT WILL BE PROVIDED

YOU MUST:

- 1 MUST REGISTER ON LINE WITH GATEWAY <http://www.gatewayvb.org/>
- 2 PROVIDE PROOF OF INSURANCE, SSN, SHOT RECORDS, BIRTH CERT.
- 3 GATEWAY MEDICAL FORM NOTARIZED
- 4 THIS FORM NOTARIZED

PARENT SIGNATURE

____/____/20____
DATE

PARENT SIGNATURE

____/____/20____
DATE

NOTARY SIGNATURE

____/____/200____
DATE