

Blaze Beach Volleyball Club – Fall / Winter 2024

Membership & Financial Agreement

Membership Agreement:

I hereby agree to accept all terms and conditions associated with being a member of Blaze Beach Volleyball Club. I will respect and adhere to all club policies outlined in the athlete and parent agreements attached.

Athlete Signature: _____ Parent Signature: _____

Athlete Name: _____ Parent Name: _____
(print) (print)

Financial Agreement:

The undersigned Athlete and Parent/Guardian, hereafter jointly designated as Member, agree to accept membership in Blaze Beach Volleyball Club for the entire club season. Membership entitles the Member to participate in practices and tournaments specified for their team.

Payee Information: (PLEASE PRINT)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

