

Virginia Beach Field Hockey, LTD

BEST Field Hockey

Four Month Contract - Beach Elite Shallows (6-8)
September 7, 2010 – January 7, 2011

I, _____, the parent or legal guardian (hereafter referred to as the “Parent”) of the field hockey player named below (hereafter referred to as the “Athlete”), on behalf of the Athlete and myself, hereby apply for membership to BEST Field Hockey of Virginia Beach Hockey League, LTD (hereafter referred to as BEST). If accepted for membership, the Athlete and I/we, jointly and severally (collectively “I”), agree as follows:

1. I will read, support, and comply with the Objectives and By-laws of BEST and comply with the rules and regulations of the Virginia Beach Field House or any other facility where practices, meets, or other functions are held.
2. I will pay the Four Month Dues as set forth on the Four Month Fee Schedule in accordance with the payment method selected and pay the Additional Fees and other fees or expenses such as team travel as they are incurred. I understand all BEST invoices will be sent electronically and that I am responsible for setting up an appropriate payment method. I acknowledge that my/our failure to meet the financial and/or other obligations set forth herein on the specified dates shall disqualify the Athlete from participating in practices, competitions, or other functions. Continuation in this status for thirty (30) days or more may result in an accelerated payment being required by BEST as stated in Section 7 below. I agree to pay any and all collection costs, including but not limited to, court costs and reasonable attorney’s fees, resulting from our failure to pay as agreed.
3. I understand that while practice schedules are published by the team, there may be occasions whereby, due to unforeseen circumstances or technical problems, the Athlete’s practice location and/or practice time(s) may have to be changed by BEST.
4. I will complete BEST’s Medical Release Form, Contact & Parent Information Form, Code of Conduct, and the VBHL League Registration Form, as requested, and keep the Athlete account with BEST current should any changes occur in contact, medical, or payment information.
5. The primary method of communication of announcements, practice schedule, competition dates, and other notices to team members and parents of BEST is through the team email. BEST website is used as a secondary method of communication to the team. If I do not have Internet access or maintain an e-mail address, I recognize that it is my responsibility to be proactive and check with the coaches or other BEST representatives for such information.
6. I will notify BEST by letter, via the Executive Director, if I wish to withdraw from BEST. The Athlete should personally notify her coach of her intention to leave BEST. I understand that such withdrawal shall not change our financial or other obligations hereunder for the remainder of the Contract Term.



Initial

7. A default by me/us under this contract or the withdrawal from BEST shall not release me/us from our financial and other obligations under this contract for the remainder of the Contract Term. A default by me/us under this contract or the withdrawal from BEST shall entitle BEST, at its option and upon written notice to the undersigned, to accelerate all amounts due hereunder for the remaining Contract Term and to collect all such amounts immediately in one lump sum notwithstanding the other provisions of this Contract.

8. BEST will provide the Athlete with age appropriate field hockey instruction and coaching and the opportunity to participate in field hockey competition, if deemed appropriate by the Athlete's lead coach. The Athlete will be placed in a group as determined by her age. If it is decided by the coaching staff that the Athlete's group placement as determined by her age does not fit the needs of the Athlete the coaching staff will select the group that is best suited to her physical, emotional, and social development.

9. I give permission for BEST to use any video and/or photographs of the Athlete taken during participation in activities associated with BEST for publicity, advertising, or promotional purposes.

To the fullest extent allowed under applicable law, the undersigned does hereby release and agree to hold harmless BEST, Coaches, Team Chaperones, other members & volunteers, and any facility (including the entity which owns and/or operates such facility) that BEST utilizes, from any liability arising from any injury or damage to the Athlete or any family member or its property while participating in any way in the BEST program, including but not limited to practices, competitions, or any other BEST activity and shall look solely to the family's insurance or other assets for any such injury or damage. Each Athlete participates at his or her own risk. BEST is not responsible for any lost or stolen property of the Athlete or the undersigned. I grant this release and indemnity on behalf of myself, the Athlete, and any other person responsible for or representing the Athlete in consideration of the benefits derived from participating in and being a member of BEST. This release and indemnity shall survive the termination of this contract.

If any part of this Agreement is declared invalid, the balance of the Agreement shall remain in effect. Any matter not covered by this Agreement shall be determined by the Executive Director and promptly communicated to the undersigned. Any and all modifications to this Agreement shall be in writing and initialed by all parties. This contract represents the entire agreement among the parties regarding the subject matter hereof and supersedes all prior oral or written agreements.



**Four Month Contract - Beach Elite Shallows (6-8)
2010-2011**

Athlete's Name: _____ Age: _____
(First) (MI) (Last)

Birthdate: _____ Group : _____
(DD/MM/YYYY)

Signature of Mother or Legal Guardian Date: _____

Printed Name of Mother or Legal Guardian

Signature of Father or Legal Guardian Date: _____

Printed Name of Father or Legal Guardian

Signature of BEST Executive Director Date: _____



Virginia Beach Hockey League, LTD
BEST Field Hockey
2010-2011 Four Month Fee Schedule
Program Amount To Be Paid

Level or Group	League Fee & Registration / Administrative Fee	Four Month Dues	In 4 Payments
Beach Elite Shallows (6-8)	\$180 (includes free t-shirt, practice jersey & participation in 3 league seasons)	\$260	\$65.00 (\$30 – facility fee \$35 – membership)

Financial Terms

Payment Plans: BEST offers the following two (2) different payment plans. **Please circle the plan of your choice.**

1. Single Payment Plan

2. 4 Payment Plan

Single Payment Plan: A check or online payment for the four month dues amount **must** be paid by October 1, 2010. Make checks payable to **VBHL**.

Four (4) Payment Installment Plan: This plan allows the four month dues amount to be paid over a series of 4 monthly payments. Payments are equal to 1/4 of the four month dues and are due and payable on the 1st day of each month beginning on October 1st and ending on January 1st. Payments will be considered past due if not received by the 15th of the month. **A late charge of \$25 will be charged on all overdue payments.** All BEST invoices will be posted electronically or via mail if selected by the payee. Families selecting the installment plan are **strongly** encouraged to select one of the online payment methods. Payments may also be mailed to **Cindy Midkiff, BEST Field Hockey, 612 Lake Point Circle, Virginia Beach, Virginia 23451.** Make checks payable to **VBHL**.



_____ Initial

Additional Fees: The following fees **must** be submitted with the completed contract at registration. Failure to do so may result in the Athlete being withheld from competition and/or practice. The \$180 check should be payable to **VBHL** and attached to each Athlete contract or this amount may be paid online at www.beachfieldhockey.com.

Virginia Beach Hockey League Fee \$150

Pays for the Athlete's participation in Virginia Beach Hockey League's 3 competitive seasons: Winter Indoor League, Spring League, & Summer League

BEST Registration/Administrative Fee \$30

Practice Schedule:

Level or Group	# Practices per Week	Total Practices per Month
Beach Elite Shallows (6-8)	1 practice per week	4 practices

All practices will be one hour in length and consist of age and ability appropriate field hockey skills training and conditioning activities.

_____ Date: _____
Signature of Mother or Legal Guardian

_____ Date: _____
Signature of Father or Legal Guardian



BEST FIELD HOCKEY EMERGENCY MEDICAL INFORMATION

Athlete: _____ **Group:** _____

Insurance company _____ Policy number _____

Doctor's name _____ Doctor's phone _____

Emergency contact _____ Contact's phone _____

List any allergies or other medical conditions:

List any medication:

I, as parent and/or legal guardian of the above child hereby give my permission for representatives of Virginia Beach Hockey League, LTD, including coaches and chaperones to obtain whatever medical attention is needed for my child in the event of accident or emergency. Any hospital, clinic, or emergency medical center/service and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of my child until such time as I or my spouse can be reached. I also assume the responsibility for payment of any such medical treatment. I/we hereby release and agree to hold harmless the Virginia Beach Hockey League, LTD, the Virginia Beach Field House and their officers, directors, employees, and agents from any and all liability and all claims and causes of action arising from my/our child's participation with the Virginia Beach Hockey League. This release is effective until revoked by me in writing.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name of Parent or Legal Guardian: _____



BEST FIELD HOCKEY CONTACT & PARENT INFORMATION FORM

Athlete's Name: _____ Age: _____ Group: _____
(First) (MI) (Last)

Address: _____

City/State/Zip: _____

Name: _____
Mother or Legal Guardian

Home phone: _____ Work phone: _____

Cell phone: _____ Check box if able to receive text updates for
schedule/practice changes

Name: _____
Father or Legal Guardian

Home phone: _____ Work phone: _____

Cell phone: _____ Check box if able to receive text updates for
schedule/practice changes

Athlete's Cell phone: _____ Check box if able to receive text updates
(if applicable) for schedule/practice changes



BEST FIELD HOCKEY CODE OF CONDUCT

As a **player**, I, _____, understand that I must follow these rules to stay in good standing:

1. Respect the game, play fairly and follow its rules and regulations.
2. Show respect for authority to the officials of the game and coaches of the BEST Field Hockey year-round program and the Virginia Beach Hockey League.
3. Demonstrate good sportsmanship during practice, before, during and after games.
4. Help parents and fans understand the BEST Field Hockey year-round program and Virginia Beach Hockey League philosophy so they can watch and enjoy the game.
5. Be courteous to my teammates and opposing teams and treat all players and coaches with respect.
6. Be modest when successful and be gracious in defeat.
7. Respect the privilege of the use of public facilities.
8. Refrain from the use of drugs, tobacco, alcohol and abusive language.

Printed Name _____

Signature _____ Date _____

As a **parent/guardian**, I recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games, practices and other sporting events.
2. Place the well being of my child before a personal desire to win.
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events.
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials.

Printed Name _____

Signature _____ Date _____

