

**Upper Valley Gymnastics Club Membership Contract 2019-2020**

Gymnast Name: \_\_\_\_\_ Hours of training per week: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Primary Email address: \_\_\_\_\_

I agree to the following as my responsibilities as a member of UVGC for the term starting July 1, 2019 and ending June 30, 2020. \_\_\_\_\_

- I am responsible to pay \$50 for coaches' travel expenses in addition to the registration fees for each meet the athlete attends. \_\_\_\_\_
- Meet registration fees and coaches' fees will be invoiced by UVGC upon registration of athlete to competition by Xperience Gymnastics and MUST be paid in full. Should any invoice not be paid, UVGC reserves the right to not allow the Gymnast to participate in competition. \_\_\_\_\_
- I understand that I am required to volunteer at our Host Meet(s). (Date (s) and responsibilities to be determined) \_\_\_\_\_
- I understand the number of volunteer hours owed equals twice the number of hours the athlete trains per week. \_\_\_\_\_
- I shall be responsible for \_\_\_\_\_ volunteer hours valued at \$20 per hour for a total value of \$\_\_\_\_\_. If I choose to forgo volunteering and/or fundraising, the full amount is payable at the beginning of the season or the balance of hours owed is payable at the end of the season at a rate of \$20 per hour owed. I understand that volunteering at a Host Meet is mandatory, above and beyond the regular required number of volunteer hours. \_\_\_\_\_

OR

I am trained for bingo and will complete a minimum of 4 bingos. I understand that the number of bingos allotted to us can vary as can the number of volunteers and I may be required to do more than 4 bingos. I am not required to do any other volunteer hours, BUT it is still mandatory that I volunteer at a Host Meet. \_\_\_\_\_

- I shall attend the Annual General Meeting on Wednesday, May 27, 2020 at 7pm. If I do not attend, I will be invoiced \$50. \_\_\_\_\_
- I understand that I am welcome and encouraged to attend any general board meeting throughout the year. \_\_\_\_\_
- I shall have a criminal record check done prior to volunteering at any UVGC or Heels Over Head/Xperience Gymnastics event. \_\_\_\_\_
- I agree that failure to meet all the requirements of this contract may result in forfeiture of my membership with UVGC and therefore Xperience Gymnastics. \_\_\_\_\_

I understand that Upper Valley Gymnastics Club (UVGC) is a booster (fundraising) club for Xperience Gymnastics competitive program that helps alleviate some costs to families accrued in the year. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Board Member

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Printed name of Board Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date