



**TRAVELING TEAM FEE AGREEMENT FORM**

I hereby agree to pay to Higher Level Camps, Inc. the sum of \$\_\_\_\_\_ based on the payment plan selected below  
 I understand that due to limited enrollment in this program, I am responsible for payment of the full amount set forth in this agreement, regardless of whether my son/ daughter participates in the traveling team program.

**I. INJURY**

I also understand that if my son/ daughter is injured after signing up for the AAU Season I will be required to pay for the program. If HLC finds someone to take my son's or daughter's place for the the season because my son or daughter cannot return to play due to an injury I will pay on a pro-rate basis. Higher Level Camps reserves the right to require written documentation of the injury and inability to participate from the athletes treating physician.

**II. INJURED AND RETURN TO PLAY**

I further understand if my son or daughter is injured during the AAU season and misses a few tournaments and comes back to play, I will be required to pay in full.

**III. PRACTICE/ GAME ATTENDANCE/ BEHAVIOR**

Finally, I understand that the guidelines set forth for attending practices/ games and behavior. If my child does not attend practices, tournaments, or does not reflect HLC's image in a positive way his/her playing time will be adjusted accordingly.

**IV. 3 LOCATIONS AND 4 DIVISIONS**

<b>circle</b>			<b>white</b>		<b>orange</b>		<b>select</b>		<b>prospect</b>
<b>location and division</b>	<b>WA</b>		\$995		\$1,275		\$1,475		\$1,675
	<b>Whitnall</b>		\$995		\$1,275		\$1,475		\$1,675
	<b>Altoona</b>		\$995		DNA		DNA		DNA
	<b>Uniform:</b>		\$100		\$225		\$225		\$225
	<b>Savings:</b>		DNA		\$100		\$100		\$100
	<b>Total Cost:</b>		_____		_____		_____		_____

**V. PAYMENT PLAN**

<b>A. PAY BY CHECK</b>	<b>B. PAY BY CREDIT CARD</b>
<b>CHECK #      DATE      AMOUNT</b>	<b>PAY IN FULL      3 PAYMENTS</b>
<b>PAY IN FULL</b> # _____ / ____ / ____	C. C. #      _____ / ____ / ____ / ____
<b>DOWN PAYMENT</b> # _____ / ____ / ____ <b>\$700.00</b>	<b>EXP DATE</b> ____ / ____ / ____ <b>CODE</b> _____
<b>2nd PAYMENT</b> # _____ / ____ / ____      \$ _____	<b>NAME</b> _____
<b>BALANCE DUE</b> # _____ / ____ / ____      \$ _____	<b>ADDRESS</b> _____
<b>* \$500 of down payment is non-refundable</b>	<b>CITY</b> _____ <b>STATE/ ZIP</b> _____

2% additional charge for all credit card transactions

**VI. PARENT INFORMATION**

Parents Name _____	Signature _____	Date _____
Address _____	City _____	State/ Zip    Zip _____

