

## Seneca Valley Lacrosse Association Statement of Understanding

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- ✓ I agree to the following refund policy of SVLA -
- From 10/31/11 – 11/30/11 refund of registration fee less \$35.00 administrative fee
  - From 12/01/11 – 01/31/12 refund of registration fee less \$100.00 administrative fee
  - After 02/01/12 – No refund of any registration fees.
  - There will be no refund of the mandatory fundraiser

Initial \_\_\_\_\_

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- ✓ I understand that my registration must be paid in full by 01/31/12 or I risk losing any registration fees that I have paid and my son may lose his spot on the team roster.

Initial \_\_\_\_\_

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- ✓ I understand and agree that my family must work at least two shifts at the concession stand for each of my child players and that I may need to provide a prescribed food item. If the date that I am scheduled to work is inconvenient, it is my responsibility to trade shifts with another family, or I may be able hire a teen worker to take my place. If I hire a teen worker, I agree to pay them the designated rate no later than the date they work. If I do not meet this obligation, I will be obligated to pay 2X the current teen helper rate to SVLA concessions for the inconvenience and effort of finding a replacement.

Initial \_\_\_\_\_

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- ✓ I understand that my son must maintain a 2.0 grade point average and meet all of the SVSD requirements to be eligible to attend practices and game day events. I also understand how this relates to the refund policy.

Initial \_\_\_\_\_

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- ✓ For Youth and Middle School Families – I understand that if SVLA provides any equipment to my child that this equipment remains the property of SVLA and must be returned at the end of the season.

Initial \_\_\_\_\_

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- ✓ For first year High School Players – I understand that as part of my son's uniform SVLA will provide a SVLA issued helmet @ a cost of \$72.00 to my family which is due at registration. It is mandatory that my son have a SVLA issued helmet. Upon placement on a high school team my son will be issued the helmet which is his to keep. If my son is not placed on a high school team the \$72.00 will be refunded to my family.

Initial \_\_\_\_\_

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Parent Name \_\_\_\_\_

Dated \_\_\_\_\_

Accepted by \_\_\_\_\_

Dated \_\_\_\_\_

Registrar's Assistant



SVLA PO Box 1703 Cranberry Twp PA 16066