



The Aquatic Center provides payment plans for semester fees for those that cannot afford to pay for the full amount of semester fees when due. Please fill out all portions of agreement and return to the Front Office.

Agreement made for Capital Crew Varsity program semester fees is made on this _____ day of _____, 2021.

Between: _____ (Parent/guardian name) for _____ (athlete/participant)

and the Sacramento State Aquatic Center (hereinafter referred to as "SAC".) Parent/Guardian and SAC have entered into this payment plan agreement for Capital Crew Varsity program fees for the Fall of 2021. Fall program is for August 23, 2021 thru December 11, 2021.

Terms and conditions:

1. Parent/Guardian acknowledges being indebted to SAC for \$975.00 for Capital Crew Varsity Program.
2. Parent/Guardian shall pay using the payment schedule below by order of Electronic Funds Transfer (EFT) on the 15th day of each month by a credit card of a Visa or MasterCard.
3. Parent/Guardian understands that all fees must be paid with the same VISA or MasterCard.
4. If parent/guardian fails to make payment (i.e. declined payment) parent/guardian must make payment within two days. After two days athlete will no longer be allowed to practice until the outstanding balance is made.
5. This agreement form and first payment of \$300.00 must be paid turned into the SAC by Friday, August 27, 2021. First payment will be processed on the day the form is turned in.
6. Balance must be paid in full by November 15, 2021.
7. Outstanding fees after November 15, 2021 may be subject to a \$50.00 late fee.
8. Parent/Guardian agrees that if credit card is lost or stolen they will submit a new credit card payment form before the next payment is due.
9. Parent/Guardian agrees that in the event that the athlete no longer participates in Capital Crew, they are still liable for all payments.
- 10. Capital Crew program fees are non-refundable.**
11. Parent/Guardian has read this agreement and understands its terms.
12. In that event that your athlete no longer participates in Capital Crew, you are still liable for the unpaid balance.

Payment Schedule:

Payment Numbers	Reminder Date:	Payment Date:	Monthly Charge:
#1	Payment will be charged when form is turned in		\$300.00
#2	9/13/2021	9/15/2021	\$225.00
#3	10/13/2021	10/15/2021	\$225.00
#4	11/13/2021	11/15/2021	\$225.00

The undersigned has read and agrees to be bound by this agreement, the terms and conditions, payment schedule and credit card payment form. Parent/Guardian represents athlete and has sufficient power, authority and capacity to bind this agreement with their signature.

Parent/Guardian: _____ Date: _____

Print Name: Parent/Guardian: _____ Athlete: _____

Aquatic Center Representative: _____ Date: _____

Credit Card Authorization Form

Parent/Guardian Name: _____

Athletes Name: _____ Squad: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Parent/Guardian has signed an agreement with the Sacramento State Aquatic Center to charge this credit card on the dates listed below for Capital Crew Varsity Fall Program. Parent/Guardian will see the charges listed as Associated Students, Inc.

Parent/Guardian agrees that in the event the athlete no longer participates in the Capital Crew Varsity Fall Program, they are still liable for all payments and the payment schedule will still be charged.

All Capital Crew program fees are non-refundable.

Parent/guardian understands that this credit card authorization form must be submitted to the SAC front office in person or thru fax and CANNOT be accepted thru email.

Payment Schedule:

Payment Numbers	Reminder Date:	Payment Date:	Monthly Charge:
#1	Payment will be charged when form is turned in		\$300.00
#2	9/13/2021	9/15/2021	\$225.00
#3	10/13/2021	10/15/2021	\$225.00
#4	11/13/2021	11/15/2021	\$225.00

VISA/MasterCard # _____

Expiration Date: Month: _____ Year: _____ CVC # _____

(I verify that the expiration date is after November 2021 _____ initial)

Signature: _____ Date: _____