



OFFICIAL DEVELOPMENT | Coaching & Training Agreement

Start Date :

Start Time(s) :

This agreement is between Royce King Sports, hereinafter referred to as "RKS", operating in the State of _____, and the signers of this agreement, hereinafter referred to as the "Service Recipient", collectively referred to as the "Parties", with the services provided detailed below.

The package list and price list and/or documents attached to this contract are integral parts of this document. The contract terms, agreement, and price list are the only legally binding documents between the Parties.

Contracting Parties

Client Name -

Client Street Address -

Client City -

Client State -

Client Zip Code -

Client Telephone -

Client Email -

Agreement Overview

This agreement contains the entire understanding between Royce King Sports (RKS) and the Official-Referee & Parent/Guardian(s). It supersedes all prior and simultaneous agreements between the Parties. The only way to add or change this agreement is to do so in writing, signed by all the Parties. If the Parties want to waive one provision of this agreement, that does not mean that any other provision is also waived. The party against whom a waiver is sought to be effective must have signed a waiver in writing.

Change of Date or Venue

Royce King Sports must be notified immediately of any changes in schedule or location, at least one week prior to the scheduled date of session. Notification of any changes can be made by phone along with written notice sent via email for documentation. If an email is sent, a confirmation of receipt must be sent back by RKS in writing or via email. It is the client's responsibility to confirm all arrangements at least 7-10 days prior to the session. In the event of change of address or contact information (time, etc.) as listed, you must notify RKS.

RELEASE OF LIABILITY

I, the undersigned parent of _____, hereby acknowledge and agree to release and hold Royce King, Royce King Sports Official/Referee Development Coaching & Training, all school facilities, all sponsors, employees, and volunteers associated with RKS, fully harmless from any injury, claim, legal fees or damage which may occur to my child as a participating member of the RKS Official/Referee Development Coaching & Training Program. Further, I acknowledge that basketball is a contact sport and it involves traveling to, participation in and returning from games or sessions. I agree to fully assume all risk, chance, hazard, and responsibility for my child's participation with Royce King Sports.

I acknowledge that I have read this hold harmless/release of liability form and I fully understand the contents. I give my child permission to participate in the RKS Program.

Parent/Legal Guardian: _____

Date: _____

Investment

The monthly payments will vary depending on the amount of sessions offered/needed for the month. You will need to decide how many workout sessions the official/referee will attend at the beginning of each month. You will pay in advance for the amount of sessions the player will be attending for that month. Unused sessions expire at the end of each month. There will be no carryover of unused sessions.

Please make payments to Royce King Sports via Paypal, Zelle or GPay, prior to your first agreed upon session.

Program fees:(Discuss with RKS.)

_____ **\$150** per single session (*2 hours*)

_____ **\$300** for 2 sessions (2x week)

_____ **\$450** for 3 sessions (3x week)

_____ **\$1350** for up to 10 sessions (up to 3 x week) - ****FREE SESSION INCLUDED**

I fully understand my financial obligation and the above policies and procedures. If my son/daughter sign up for a certain number of sessions for that month, he/she is responsible to make all of the sessions, unless there is an emergency or injury. I fully understand that the sessions signed up for expire at the end of the month and will not carry over to the following month.

Parent/Legal Guardian Signature:

Date: _____

Player(s) Signature: _____

Date: _____

Player(s) Signature: _____

Date: _____

Service Provider Signature:

Date: _____

