



Buffalo Valley Youth Association Refund Policy

BVYA will have a refund policy that allows for the League to recoup any lost administrative or league expenses incurred if a player drops from the program. In all sports, the expense incurred is relative to the date the player withdraws in relation to the program events themselves. As such, the date the player withdraws and the sport that is impacted determine the refund. Once the official registration date has passed, the following guidelines will be followed.

Baseball – Softball- Fall Ball- Volleyball- Basketball

Prior to player being assigned to a team roster:	100% refund.
Prior to Leagues first scheduled game of the season:	50% refund
After the scheduled date of the first league game:	NO REFUND

Swim Team

Prior to first practice in water:	100% refund
After first day in water but prior to first meet:	50% refund
After first swim meet:	NO REFUND

Football – Cheer

Prior to start of practices / conditioning:	100% refund
After practices start but before certification date:	50% refund
After certification date by Pop Warner or TYFA:	NO REFUND

NO REFUND will be issued until ALL BVYA equipment is returned to office in the same condition it was issued

In event of a season ending injury, supported by doctor's excuse, BVYA will issue a refund or CREDIT toward the next sport registered for a prorated amount for the games lost due to injury. If the injury occurs before any games are played, then the refund amount shall be registration fee less insurance and uniform, if issued.

Buffalo Bucks earned are fully refundable and can be applied to next sports program with no penalty. ALL refund requests are subject to a three (3) week processing grace period to allow all checks to clear and preseason administrative work to be completed.

All refund requests are to be addressed to Commissioner, President of League or Administrative office located at 401 Oak Street, 210-659-1610 or BVYA@att.net

Adopted and approved by the Board of Directors on January 11, 2010.

Signed: *Johnie McDow*

Johnie McDow

President



Buffalo Valley Youth Association Refund Request Form

Date of Request _____

Name of Player _____

Name of Parent _____

Address _____

City _____ Zip _____

Phone # _____

Reason for Refund _____

Medical Release Attached? _____

Sport _____ Year _____

Will check be mailed to above address?? Yes No

If no, to what address do we mail to? _____

What name should check be made out to? _____

Would you like any eligible refund to be credited to a future sport??

If so, what sport?? _____

Office Use Only:

Amount Originally Received _____ Check # _____

% Eligible: 100% 50% (circle one)

Amount to be refunded _____

Check # _____ Date Mailed _____