



ACADEMY REGISTRATION 2017-2018

PLAYER INFORMATION

CATEGORY: U- DATE OF BIRTH: _____

PLAYERS NAME: _____ LAST NAME: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

PARENTS PHONE NUMBER: _____ OTHER PHONE: _____

E-MAIL: _____

CURRENT ADDRESS: _____

PAYMENT OPTIONS

***ALL PAYMENTS MUST BE RECEIVED WITHIN THE FIRST 5 DAYS OF THE MONTH**

CASH \$ _____ CHECK # _____ \$ _____ ON-LINE

	Cash/Check	On-line via Pay-Pal	Cash/Check	On-line via Pay-Pal
Registration Fee (uniform included)	\$85	\$88	<ul style="list-style-type: none"> • July 2017 \$80 • August 2017 \$80 • 2 Month \$160 • Tri-Mester \$240 	<ul style="list-style-type: none"> \$88 \$88 \$166 \$250
Checks payable to DORAL SOCCER CLUB INC. Must bring your payment to the park's office located: 5300 NW 102 AVE. DORAL FL 33178			Sep/Oct/Nov 2017 • Dec/Jan/Feb 2018 • Mar/Apr/May 2018	

NOTE: PLEASE SUBMIT THIS REGISTRATION WITH A COPY OF PLAYER'S BIRTH CERTIFICATE OR VALID PASSPORT

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of DORAL SOCCER CLUB INC. (DSC), the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize the risks of injuries from minor to severe, and the result could be death, paralysis, or other serious permanent disability. I/we accept the risks as a condition of my/our child's participation.

This is a legal and binding contract the total payment is required by the end of the plan chosen. This is regardless of whether you child participates in a limited amount of practices of the full session; your responsibility to the DORAL SOCCER CLUB INC. (DSC) is for the total payment of the plan above. By agreeing to this contract you are stating that you will accept full responsibility for the attorneys fees in the attempt to collect the tuition in full. The installment payment is a privilege extended to you by DORAL SOCCER CLUB INC. (DCS). Prompt payment is required.

WE ARE NOT RESPONSIBLE FOR CANCELLATIONS DUE TO BAD WEATHER, HOLIDAYS OR FIELD MAINTENANCE. BUT WE DO GUARANTEE A MINIMUM OF TWENTY (20) PRACTICES IN A THREE (3) MONTH PERIOD.

***ALL RETURN CHECKS WILL BE CHARGED \$25.00** - by checking the box below, I hereby acknowledge, that the player listed on this registration form is **NOT-REGISTERED** with any other soccer organization.

***During practices and games, adults are prohibited from entering the playing field.**

I agree

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ *Date: _____