



# DORAL SOCCER CLUB ACADEMY REGISTRATION 2023-2024

## PLAYER INFORMATION

Category: **U-** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Players First Name: \_\_\_\_\_ Players Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_

## PAYMENT OPTIONS

### REGISTRATION FEE (Includes Uniform)

CASH / CHECK ..... \$120

ON-LINE PAYPAL ..... \$125

Cash or  
Check      On-line via  
PayPal

1 MONTH

\$100

\$104

2 MONTH

\$200

\$208

TRI-MESTER

\$300

\$312

### METHOD OF PAYMENT

☐ CASH \$: \_\_\_\_\_

☐ CHECK #: \_\_\_\_\_ \$: \_\_\_\_\_

☐ ON-LINE PAYMENT

**Sept/Oct/Nov 2023 • Dec/Jan/Feb 2024 • Mar/Apr/May 2024**

- \$10 Late fee for ALL payments received after the 10th of each month
- City of Doral NON-Resident add +20%
- Checks payable to DORAL SOCCER CLUB INC.

**\*Please bring your payment to the park's office located at: 5300 NW 102 Ave. Doral FL 33178**

**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.**

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

**\*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.**

☐ **I agree**

**Parent / Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

S I G N & D A T E