

CORE SOCCER ACADEMY.

PAYMENT & INVOICING TERMS

All goalkeepers attending the across academy shall be either paid in full or have first half of payment plan paid by payment deadline date and second half of payment plan paid on second deadline date, scheduled in the registration form.

Failure to do so will result in your goalkeepers spot in the camp lost on the payment deadline you chose, with coaching staff given the right of refusal if goalkeeper shows up without completed registration form and payment.

Pro rating is available for all camps at Directors discretion. Pro rating MUST be discussed in advance of camp registration deadline with Director to receive the correct payment on sessions attending. Self pro rating payments are not accepted.

If you have chosen to attend a full camp and sent in completed form with deposit or w/o payment and no pro rating was discussed prior, an invoice will be sent to your email / home address with the following full payment dues:

Over Due Balances / Past Deadline:

7 Day Grace Period Past Deadline.

7-30 days: camp amount + 10%

30-60 days: camp amount + 20%

60+ days: camp amount + 40%

Signed _____

Name _____

Date _____

Form will not be accepted w/o signature.

Core Goalkeepers Academy 2018-19 Winter FC Registration Form:-

Name: _____

Age: _____ M/F _____ DOB _____

Address: _____

City: _____ Zip: _____

Parent/Guardian's Name/s: _____

Phone (Home): _____

Emergency Phone #: _____

Email Address: _____

Payment:

Full Payment: \$315 _____ OR \$285 Discount Before (Oct 31st) _____ (Full Payment Only)

Pro Rating: \$285 7wks _____ \$250 6wks _____ \$225 5wks _____ \$200 4wks _____

CHECK ONLY IF:

- NOT REGISTERING ONLINE.
- PRO RATING.
- PAYMENT PLAN.

CHECK #: _____

PAYMENT PLANS AVAILABLE ON \$315 & \$285:

Please Tick for Payment Plan:

\$300: _____

1st Payment \$157.50 _____ (Due Wed October 31st)

2nd Payment \$157.50 _____ (Due Friday January 18th)

PRO RATING PLAN:

Please Tick for Pro Rating Plan:

4 Sessions MINIMUM: \$200 _____

5 Sessions: \$225 _____

6 Sessions: \$250 _____

7 Sessions: \$285 _____

Pay Plan on Pro Rating ONLY: \$285

\$142.50 _____ (Due Wednesday Oct 31st)

\$142.50 _____ (Due Friday January 18th)

PICK WEEKS ATTENDING:

(Please Tick)

Full Camp: Weeks 1-8: _____
(8 Sessions)

PRO RATING:

Week 1 _____ Week 5 _____

Week 2 _____ Week 6 _____

Week 3 _____ Week 7 _____

Week 4 _____ Week 8 _____

PICK GROUP AND TIME SLOT:

415-540pm 10-05: _____

545-710pm 04-98: _____

Parents release for medical treatment:

My child has my permission to play soccer. On my child's behalf I hereby release persons with Core Soccer Academy of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician stated below, and I release them from any responsibility for such medical attention.

Parent/Guardian signature: _____

Physician Name: _____

Phone: _____

For more information Contact:-

Office (970) 324-3757

Email: chris@coresoccer.com

Facebook: <http://www.facebook.com/CoreGoalkeeperAcademy>

Mailing Address:

Core Goalkeeper Academy

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