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%

Signe	ed		
Nam	e	 	
Date _.		 	

Form will not be accepted w/o signature.

	Core Goalkeepers Academy 2018 Winter DENVER Registration Form:-
Name:	
Age:	M/FDOB
	;
City:	Zip:
Parent/	Guardian's Name/s:
Phone (Home):
	ncy Phone #:
	ddress:
Paymer	
Full Pay	ment: \$210 OR \$200 Discount Before (December 31 ^{st 2016}) (Full Payment
Only)	
	Pro Rating: \$185 4wks
	CHECK ONLY IF:
0	NOT REGISTERING ONLINE.
0	PRO RATING.
0	PAYMENT PLAN.
	CHECK #:

PRO RATING PLAN:	PICK WEEKS ATTENDING: (Please Tick)		
Please Tick for Pro Ration Plan:	(Ficuse Fick)		
4 Sessions MINIMUM: \$185	Full Camp: Weeks 1-5: (5 Sessions)		
Payment Plan on Full Camp: \$105: Due Before Dec 31 st 2017 \$105: Due January 12 th 2018	PRO RATING: Week 1 Week 4		

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** LIMITED SPACE AVAILABLE!!

(3.363310113)	
PRO RATING:	
Week 1	Week 4
Week 2	Week 5
Week 3	
PICK GROUP AND T	IME SLOT:
500 - 600pm 09-06:	
600 - 700pm 05-03:	
700 - 800pm 02-97:	

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 si	gnature:	 	
Physician Name:		 	
Phone:			

For more information Contact:-

Office (970) 324-3757

Email: chris@coresoccer.com
Website: www.coresoccer.com

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

Mailing Address:

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