

Core Goalkeepers Academy 2018 SUMMER DENVER Registration Form:-

Name: _____
Age: _____ M/F _____ DOB _____
Address: _____
City: _____ Zip: _____
Parent/Guardian's Name/s: _____
Phone (Home): _____
Emergency Phone #: _____
Email Address: _____

Payment: _____ (Full Payment Due June 1st) **OR** _____ (Pay Plan your sessions)

**Full Payment: \$315 12 sessions _____ OR \$270 9 Sessions _____ OR \$220 6 Sessions _____
OR \$120 3 sessions _____ (Full Payment Only)**

CHECK ONLY IF:

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

CHECK #: _____ (Payable to: Core Goalkeeper Academy).

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.

PAYMENT PLANS AVAILABLE ON \$315 / \$270 / \$220:

Please Tick for Payment Plan:

\$315: _____

1st Payment \$157.50 _____ (Due Wednesday June 1st)

2nd Payment \$157.50 _____ (Due Monday July 1st)

GLOVE SIZE _____

\$270: _____

1st Payment \$135 _____ (Due Wednesday June 1st)

2nd Payment \$135 _____ (Due Monday July 1st)

\$220: _____

1st Payment \$110 _____ (Due Wednesday June 1st)

2nd Payment \$110 _____ (Due Monday July 1st)

PICK WEEKS ATTENDING:

(Please Tick – Each Week is 3 Sessions)

Full Camp: Weeks 1-4: _____

(12 Sessions)

3 Weeks: Week 1 _____ Week 2 _____

(9 Sessions) Week 3 _____ Week 4 _____

2 Weeks: Week 1 _____ Week 2 _____

(6 Sessions) Week 3 _____ Week 4 _____

1 Week: Week 1 _____ Week 2 _____

(3 Sessions) Week 3 _____ Week 4 _____

PICK GROUP AND TIME SLOT:

5-6pm: Birth Year: 06-10: _____

6-7pm: Birth Year: 03-05: _____

7-8pm: Birth Year: 99-02+ College: _____

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

Website: www.coresoccer.com

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

Mailing Address:

Core Goalkeeper Academy

PO BOX 2116

Boulder, CO 80306