

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 Fall 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: \$210____ (due August 13th OR Pay Plan)
Discount \$200 full payment _____ (due July 31st)

CHECK ONLY IF:

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

CHECK #: _____

PAYMENT PLAN AVAILABLE:

Please Tick for Payment Plan: _____

1st Payment \$105____ (Due August 13th)

2nd Payment \$105____ (Due September 13th)

PRO RATING PLAN AVAILABLE:

Please Tick for Pro Rating Plan: _____

**** \$35 per session + \$5 to Final Total ****

Number of Sessions: _____

Total Amount: \$ _____

Session Dates Attending: _____

Please Tick Age Group:

5-6pm: Birth Year: 07-10: _____

6-7pm: Birth Year: 04-06: _____

7-8pm: Birth Year: 98-03: _____

****ONLINE REGISTRATION**
AVAILABLE FOR FULL
PAYMENT ONLY:
OF EITHER DISCOUNTED OR
FULL AMOUNTS.

www.coresoccer.com

Checks payable to: Core GK Academy.

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:-

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Cell: (970) 324-3757

Email: chris@coresoccer.com

Website: www.coresoccer.com

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

Mailing Address:

Core Goalkeeper Academy

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