

**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 2021 Summer RENO Registration Form:-**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name/s: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment:**

- NOT REGISTERING ONLINE.
- PRO RATING.
- FULL PAYMENT.
- CREDIT CARD.

**CC #:** \_\_\_\_\_ **EXP:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**PAYMENT PLANS AVAILABLE ON \$260 / \$240 / \$220:**

**Please Tick for Payment Plan:**

\$260: \_\_\_\_\_

1<sup>st</sup> Payment \$130 \_\_\_\_\_ (Due June 15<sup>th</sup>)

2<sup>nd</sup> Payment \$130 \_\_\_\_\_ (Due July 15<sup>th</sup>)

\$240: \_\_\_\_\_

1<sup>st</sup> Payment \$120 \_\_\_\_\_ (Due June 15<sup>th</sup>)

2<sup>nd</sup> Payment \$120 \_\_\_\_\_ (Due July 15<sup>th</sup>)

\$220: \_\_\_\_\_

1<sup>st</sup> Payment \$110 \_\_\_\_\_ (Due June 15<sup>th</sup>)

2<sup>nd</sup> Payment \$110 \_\_\_\_\_ (Due June 15<sup>th</sup>)

**PICK Days / Weeks ATTENDING:**

(Please Tick – Days Attending)

**Full Camp:** Weeks 1-2: \_\_\_\_\_

(10 Sessions)

(5 Sessions): Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_

(8 Sessions):

**Week 1:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

**Week 2:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

(6 Sessions):

**Week 1:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

**Week 2:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

(3 Sessions):

**Week 1:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

**Week 2:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

**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 (720) 878-7564

Cell: (970) 324-3757

Email: [chris@coresoccer.com](mailto:chris@coresoccer.com)

Website: [www.coresoccer.com](http://www.coresoccer.com)

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

**Mailing Address:**

Core Goalkeeper Academy

PO BOX 351172

Westminster, CO 80035