



DORAL SOCCER CLUB ACADEMY REGISTRATION 2011-2012

PLAYER INFORMATION

CATEGORY: _____ DATE OF BIRTH: _____

PLAYERS NAME: _____ PLAYERS CELL #: _____

PARENT/GUARDIAN NAME: _____ OTHER #: _____

PARENTS PHONE NUMBER: _____ E-MAIL: _____

CURRENT ADDRESS: _____

T-SHIRT SIZE: YOUTH XXS YOUTH S YOUTH L ADULT SMALL
 YOUTH XS YOUTH M YOUTH XL ADULT MEDIUM
 ADULT LARGE

PAYMENT OPTIONS

Payment: CASH \$ _____ CHECK # _____ \$ _____ CREDIT CARD

Registration Fee ... \$50
Monthly \$75
Tri-Mester \$225

*Please make all checks payable to **DORAL SOCCER CLUB** and bring to the park's office located:
5300 NW 102 Ave. Doral FL 33178 *All payments must be received within the first 5 days of the month

NOTE: PLEASE SUBMIT THIS REGISTRATION WITH A COPY OF PLAYER'S BIRTH CERTIFICATE OR VALID PASSPORT

INFORMED CONSENT / INSURANCE NOTICE

INSURANCE NOTICE: all injuries must be reported within 90 days of the date of the injury

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of DORAL SOCCER CLUB (DSC), the state association (FYSA) and all its affiliated organization. My / our child wishes to participate in soccer during the season of this registration. I/we realize risks or injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

This is a legal and binding contract the total payment is required by the end of the plan chosen. This is regardless of whether your child participates in a limited amount or practices or the full session, your responsibility to the DORAL SOCCER CLUB (DSC) is for the total payment of the plan above. By agreeing to this contract you are stating that you will accept full responsibility for the attorneys fees in the attempt to collect the tuition in full. The payment is a privilege extended to you by DORAL SOCCER CLUB (DSC) prompt payment required.

WE ARE NOT RESPONSIBLE FOR CANCELLATIONS DO TO BAD WEATHER, HOLIDAY OR FIELD MAINTENANCE, BUT WE GO GUARANTEE A MINIMUM OF TWENTY (20) PRACTICE IN A THREE (3) MONTH PERIOD.

ALL RETURNED CHECKS WILL BE CHARGED \$30.00 By checking the box below, I hereby acknowledge, that the player listed on this registration form is **NOT-REGISTERED with any other soccer organization

I agree

*Parent / Guardian: _____ *Date: _____