



DORAL SOCCER CLUB ACADEMY REGISTRATION 2024-2025

PLAYER INFORMATION

Category: **U-** _____ Date of Birth: _____

Players First Name: _____ Players Last Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ Other Number: _____

E-mail: _____

Current Address: _____

PAYMENT OPTIONS

REGISTRATION FEE (Includes Uniform)

CASH / CHECK \$150

ON-LINE PAYPAL \$156

Cash or
Check

On-line via
PayPal

1 MONTH

\$100

\$104

2 MONTH

\$200

\$208

TRI-MESTER

\$300

\$312

METHOD OF PAYMENT

CASH \$: _____

CHECK #: _____ \$: _____

ON-LINE PAYMENT

Sept/Oct/Nov 2024 • Dec/Jan/Feb 2025 • Mar/Apr/May 2025

- \$10 Late fee for ALL payments received after the 10th of each month
- City of Doral NON-Resident add +20%
- Checks payable to DORAL SOCCER CLUB INC.

***Please bring your payment to the park's office located at: 5300 NW 102 Ave. Doral FL 33178**

NOTE: Please submit this registration with a copy of player's birth certificate of valid passport.

INSURANCE NOTICE: All injuries must be reported within 5 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 INC. (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 the risks of injuries from minor to severe, and the result could be death, paralysis, or other serious permanent disability. I/we accept the risks 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 of practices or the full session; your responsibility to DORAL SOCCER CLUB INC. (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 installment payment is a privilege extended to you by DORAL SOCCER CLUB INC. (DSC). Prompt payment is required.

WE ARE NOT RESPONSIBLE FOR CANCELLATION DUE TO INCLEMENT WEATHER, HOLIDAYS OR FIELD MAINTENANCE. BUT WE DO GUARANTEE A MINIMUM OF TWENTY (20) PRACTICES IN A THREE (3) MONTH PERIOD.

***During practices and games, adults are prohibited from entering the playing field.**

***ALL RETURN 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 another soccer organization.**

I agree

Parent / Guardian Name: _____ Date: _____

Parent / Guardian Signature: _____

SIGN & DATE