



# Soccer Academy Club Toluca Atlanta Registration Form

Player Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address (Street) \_\_\_\_\_  
 Address (City & Zip) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Payment Options	Official Use Only - Please do NOT fill out
Age Group: U5 - 8 Academy _____ U9 - 11 Academy _____ U12 - 14 Academy _____ U15 - 18 Academy _____	
Paying in Full <input type="checkbox"/> Fees: _____ + Uniform _____ = Total Due \$ _____ CK # _____ or  <input type="checkbox"/> On-Line Credit Card (must be paid within 5 days of today)	
Paying in 3 Installments Fees paid today _____ + Uniform _____ = Total Due today \$ _____ CK # _____ Post Date Checks <input type="checkbox"/> 8/1/12 <input type="checkbox"/> 12/1/12 Amount: _____	
Monthly Payment Plan Fees paid today _____ + Uniform _____ = Total Due today \$ _____ CK # _____ Post Date Checks <input type="checkbox"/> 6/1/12 <input type="checkbox"/> 7/1/12 <input type="checkbox"/> 8/1/12 <input type="checkbox"/> 9/1/12 <input type="checkbox"/> 10/1/12 <input type="checkbox"/> 11/1/12 <input type="checkbox"/> 12/1/12 <input type="checkbox"/> 1/1/13 <input type="checkbox"/> 2/1/13 <input type="checkbox"/> 3/1/13 Amount _____	

**Once signed with the Soccer Academy Club Toluca Atlanta:**

1. You will hereby give approval for the participation of your child in any and all GSSA and affiliated associations or league activities and you assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to your child.
2. You understand that a player who registers with an affiliated league is bound to that league for the entire 2012 seasonal year.
3. You acknowledge the seasonal year fees checked above and are responsible for the full seasonal dues. NO refunds will be given.
4. You understand that credit/debit card payments processed through PayPal and checks (including post-dated checks) will be processed on or within five (5) days of payment due date. A fee of \$25 will be assessed on all returned checks. Unpaid fees will result in suspension of player from practices and games.

I have read, understand and agree to all of the above:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_