

# TOROS PSC SOCCER ACADEMY REGISTRATION

Player's Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_ Uniform Size: YXS YS YM YL YXL AXS AS AM AL

Parents Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Emergency Contact** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Packages and Schedules:

\_\_\_\_\_ **Toros Academy \$100** per month + **\$60** registration (Includes uniform)

\_\_\_\_\_ **Little Toros \$85** per month + **\$60** registration (Includes uniform)

\_\_\_\_\_ **MINI TOROS \$85** per month + **\$50** registration (Includes uniform)

\_\_\_\_\_ **Goalies \$80** per month + **\$60** registration (Includes uniform)

\_\_\_\_\_ **Toros Academy MISSION TX \$60** per month + **\$60** registration (Includes uniform)

Add on:

\_\_\_\_\_ **Goalies \$20** per month

## Contracts:

\_\_\_\_\_ **6 Month contract**

\_\_\_\_\_ **12 Month contract (Only for Toros Academy)**

**AGREEMENT TERMS:****\$50 CANCELATION FEE****\$25 CANCELATION FEE ONLY FOR MINI TOROS**

**\*\*Parent can place a hold on the account for up to two months (without incurring an additional registration fee) for any reason **but must inform the office in person and sign hold form with at least 2 weeks in advance.** If notice is not within two weeks, the following month will be charged and the next month can be placed on hold.**

**\*\* Packages auto-renew on the 3<sup>rd</sup> of each month and payments will be processed through the facility's auto-pay system.**

**\*\*If the parent wants to leave the agreement, there will be a **\$50 cancellation fee (MINI Toros \$25 cancellation fee).** There is no responsibility to pay the remaining contract balance. Must come to the office to sign cancellation form **2 weeks before the next monthly charge.** (No cancellations over the phone).**

**\*\* If a hold is placed on the account for X amount of months, those months will be added to the agreement.**

**\*\* I agree that if I don't pay by the 3<sup>rd</sup> of each month, I'll be charged a late fee of \$20.00 and if payment is not received by the 20<sup>th</sup> of the month, my child will not be able to practice. If an account is past due for more than 30 days, that account will be sent to collections.**

**\*\*\* Contracts will automatically renew for the same period of time they were originally signed for. If you would like to cancel your new contract, you must do so with 30 days in advance. No refunds will be given.**

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED****CREDIT CARD AUTHORIZATION FORM****CARDHOLDER INFORMATION**

We need your address to properly deduct the authorized amount from your account.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AUTHORIZATION AGREEMENT**

☐ I hereby authorize Plaza Sports Center to initiate payment entries to my credit card as indicated below.

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

☐ I authorize a recurring charge against my credit card for the following amount

\$\_\_\_\_\_ Once every month beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover card

Card Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**WAIVER AND MEDICAL RELEASE**

I, as a parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in PLAZA SPORTS CENTER.

In consideration of the acceptance of my child, our heirs, executors, administrators and personal representatives, discharge, waive and release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities in which injury or death, which my child/ward or I may have by virtue of or arising in connection with his/her participation in the Soccer events, or any other sport or activities he/she plays in that facilities. By executing this document I hereby assume, on behalf of my child/ward, all risk of injury or loss to which he/she may be exposed as well as supervising his/her well being. I release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities from the responsibility of supervising my child's presence in the facility as well as any possible kidnap, disappearance or escape.

I hereby consent for Email blast & Text messages to be sent for upcoming events and announcements. Photograph or likeness of my child to be taken and used without compensation to my child or to me. I understand the picture and any other information provided to the facility will not be sold for any purpose and may be used to publicize PLAZA SPORTS CENTER or any activities of the TOROS SOCCER ACADEMY. I am aware that it may be used in a brochure, newspaper, be placed on the Internet and/or on the PLAZA SPORTS CENTER website, or maybe placed in PLAZA SPORTS CENTER newsletter.

\_\_\_\_\_ I hereby give consent to PLAZA SPORTS Center to use any photography or video taken of my child during practices or games as content for their magazine and or for social media purposes.

\_\_\_\_\_ I hereby understand payments will be automatically charged through PLAZA SPORTS CENTER auto-pay system.

I, parent/legal guardian of the registrant, a minor, agree that I the registrant will abide by the rules of PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer I hereby release, discharge and/or otherwise indemnify PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by PLAZA SPORTS CENTER.

Against claim by or on behalf of the registrant as a result of the registrant's participation in PLAZA SPORTS CENTER and/or being transported to or from the same, which transportation I hereby authorize.

I acknowledge that I have read and fully understand this Waiver and Medical Release.

Name of Player \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_