



Colorado United Academy Invoice

U9 Academy Fall 2010

Circle the Payment Option:

Option #1	Option #2
Amount: \$410.00	\$145.00 w/registration
	\$145.00 on 8/15/2010
	\$145.00 on 10/15/2010

Please complete all of the requested information below:

Player First Name		Player Birth Date	Month	Gender: Male Female
Player Last Name			Day	
Address		Year		
City, State and Zip		A birth certificate may be required upon request.		
Parent/Guardian Name		Player is: Returning _____ Previous Team _____ New _____ Team Request _____ Fall 10/Spring 11 Grade _____		
Home Phone		Please Circle <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both		
Work Phone		<input type="checkbox"/> Mom <input type="checkbox"/> Dad		
Cell Phone		<input type="checkbox"/> Mom <input type="checkbox"/> Dad		
E-Mail Address		Special Request – Not Guaranteed		
Name of school player is attending		Scholarship Donation <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> Other		
Mandatory Volunteer		Description	(Check Below)	
Coach				
Assistant Coach				

Release/Waiver: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Littleton Soccer Club (LSC) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and LSC's inability to provide extra services for children with special needs and in consideration for LSC accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify LSC and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs as well as any claims based on the Americans with Disabilities Act.

Refund Policy: Refunds will be considered **only** if the player moves out of the area, or is unable to play due to injury/illness, as documented by a physician. If LSC is unable to place your child on a team, a full refund will be issued. Refunds granted between seasons, but prior February 1, are subject to the \$25.00 processing fee and the single season fee. Refunds will not be granted after the first scheduled game.

By submitting this form to LSC together with payment of the appropriate fees, I confirm that I have read and agree to the provisions of the Release/Waiver and the Refund Policy.

Signature of Parent/Legal Guardian _____	Date: _____
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PAYMENT OPTIONS INCLUDE:

- 1) Payment in full at registration – savings of \$25.00
- 2) Payments can be paid in three installments for the 2 season fee; payments #2, #3, each include a \$12.50 processing fee

BY SIGNING BELOW YOU AGREE THAT ALL CHARGES WILL BE APPLIED TO YOUR CREDIT CARD AS AN AUTOMATIC DEDUCTION ON THE SCHEDULED PAYMENT DATE.

Visa, MasterCard, Discover # _____ CVV _____ Exp _____

Billing Address if Different _____

Parent Signature: _____ Date: _____

Colorado United
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Payment Option #2 –
2nd of 3 payments

Charged Aug. 15, 2010

Amount: \$145.00

Colorado United
U9 Academy Fall 2010
Payment Option #2 –
3rd of 3 payments

Charged Oct. 15, 2010

Amount: \$145.00

- 3) If you need to make other arrangements please contact Steven Netherton at (303) 797-0055 or at steven@littletonsoccer.net