



## ORLANDO STARS SOCCER ACADEMY

REGISTRATION FORM

FORMATIVE PROGRAM

Skills development program for soccer practice

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

First name \_\_\_\_\_

Last name \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender \_\_\_\_Male \_\_\_\_Female

Uniform Size: Jersey \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

### SPORT INFO

Who did your heart about us?

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Where did you play soccer prior to Orlando Stars?

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### FAMILY INFORMATION

Parent- Representative 1

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

First Name \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent- Representative 2

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

First Name \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### **MEDICAL INFORMATION**

Does the applicant take any medication on a regular basis? \_\_\_\_ Yes or \_\_\_\_ No

If yes, please explain or list medication: \_\_\_\_\_

Does the applicant have any health conditions that you think we should know about? \_\_\_\_ Yes or no?

If yes, please explain or list conditions: \_\_\_\_\_

\_\_\_\_\_

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### **MINOR AMATEUR WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in Orlando Stars Soccer Academy

Sports program, and related events and activities, the undersigned:

1. Agree that the parent (s) and / or legal guardian (s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition (s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Orlando Stars Soccer Academy its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members / participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, cause or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS

☐ I agree

Signature\_\_\_\_\_

### **CONSENT AND RELEASE TO PHOTOGRAPH/VIDEO PLAYER**

I Do Consent to the photographing /videotaping of my child while he/she is involved in any sports programs and/or activities during the present year. I also consent to the release of my child's name both verbally and in print when used in connection with said photograph/videotape. It is understood the photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the Academy

☐ *I agree*

Signature\_\_\_\_\_

### **PLAYERS REGULATIONS**

- They must show respect and cooperation with the coach and other members of the team.
- They must wear the practice uniform assigned for each day. Inappropriate use of the uniform may be a reason of practice activity suspension for the player.
- Punctuality. The players must attend to practice 15 minutes prior to the scheduled time, and 1 hours prior to the game time in competitions.
- Each player must have sun protection, enough hydration, soccer ball and shinguards

### **PARENTS REGULATIONS**

- All Parents must remain on the stands or areas assigned specifically for Parents' location during the practice by Academy staff.
  - Parents must not interrupt the practice or invade the field at any time with no express authorization from the coach in case it is strictly necessary.
  - Parents are enforced to review all communications from The Academy via email or app in case of any eventuality.
  - Parents must give notice no shorter than 30 days prior to cancellation of services from the Academy
- All Parents and Players must abide the recommendations and provisions from the Academy regarding the assignment of teams, schedule and trainings frequency.

### **THE ACADEMY'S PROVISIONS**

Orlando Stars is committed to provide soccer practice twice a week to each player registered in the Academy. Depending on the specific objectives of each team, it could be three or more practices which will be taken into consideration by the coach and other Academy staff. This increase will not mean any increase in the monthly fee. We count with certified coaches specialized in player's formation of diverse ages that will be in charge of the practices with professionalism, respect and empathy. Besides, the Academy will provide necessary fields for both trainings and competitions.

Players will have the opportunity to be constantly present of call ups for competitive teams and take their skills to local, regional, state and national tournaments.

☐ *I agree*

## AUTHORIZATION AUTOMATIC MONTHLY PAYMENTS

Name of Player / Participant: \_\_\_\_\_ DOB / AGE: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

AUTHORIZATION: I hereby authorize Orlando Stars Soccer Academy to charge my:

Parent / Legal Guardian / Card Name \_\_\_\_\_

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

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_

CVV \_\_\_\_\_ Due Date \_\_\_\_\_

Address / Zip code: \_\_\_\_\_

I understand that my account will be draft on the 15th day of each month and that there will be no refunds for the program.

I understand that any charges to the above information must be submitted no later than the 15th of each month.

Terms: This authority is to remain in effect until written cancellation is received. If I choose to discontinue participation in the Orlando Stars Soccer Academy, I will need to submit this request in writing no later than 30 days prior to the month I would like to cancel.

DEBIT RETURN CHARGE: I understand that is my responsibility for payment. Any returned payments will result in a \$20.00 service charge being assessed to my account.

I have read and hereby authorize payment for Orlando Stars Soccer Academy

### ACADEMY FEES

Registration: \$170.00 (Non refundable)

Relatives do not pay additional registration, they Just have to pay for the practice uniform.

Monthly fee: \$110.00 Late fee: \$10.00. (for pay after 15 day of each month)

Monthly fee Relatives x2: \$200.00

Monthly fee Relatives x3: \$280.00

Uniform Practice: \$90.00

Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_