



Competitive Registration Form

Date: _____

First Name: _____ Last name: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Uniform Sizes							
Youth				Adult			
S	M	L	XL	S	M	L	XL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: _____ City: _____

State: _____ Zip Code: _____

Father's Name: _____ Email: _____

Mother's Name: _____ Email: _____

Father's Phone: _____ Mother's Phone: _____

Registration Fee: \$250.00 | \$125.00 Monthly

Registration Includes: 2 Uniforms (Away & Home) and 1 Practice Uniform

Practices: Tuesday & Thursday 6:30- 8:00 PM Saturday 10:00- 11:30 AM

Please make payment to: **Soccer Talent Academy LLC**

Zelle Account: **info@coroncoro.net**

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

ACKNOWLEDGEMENT AND CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the **Soccer Talent Academy LLC**, the state association (U.S Club) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration and is in normal health and capable of participating for soccer. I'm aware that the goals and objective of **Soccer Talent Academy LLC** and sports programs are based on fun, fair play and skills development. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

I agree/consent to the internal and external use by **Soccer Talent Academy LLC** and/or it's affiliates of emails, mailing address and/or photographs of the named (Register) player, with no compensation.

This is a legal and binding contract. Regardless of whether your child plays a limited amount of games or the full season, your responsibility to the **Soccer Talent Academy LLC** is for the total payment of the season listed above. By signing this payment plan you are stating that you will take full responsibility for the attorneys fees used in the attempt to collect the total amount due. The payment plan program is a privilege extended to you by **Soccer Talent Academy LLC**. Prompt payment is required. A late fee of \$10.00 will be accessed upon failure to pay before the 5th of each month. In addition, any player whose account is not current as of the 5th of any month will not be allowed to attend any practice or games until his/her account is brought up to date. All returned checks will be access a \$ 35.00 fee. Should the player wish to leave prior to the end of the seasonal year, the player/parents will be required to pay a \$300.00 release fee to STA, in addition to fulfilling all financial obligations noted above before the release is processed

Mother's Signature: _____

Father's Signature: _____