



Auto Payment Form

School _____ Grade/Teacher _____ Registration Date _____

Child's Name _____ D.O.B _____ Age _____

Billing Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____

Email _____ (Please print- very important for billing purposes)

Monthly Tuition: \$45-\$48

Mastercard or Visa ONLY!

If payments are unable to be processed after 2 attempts a \$5 processing fee will occur, Payments will be considered past due if not received by the 15th of the month and will include a late fee of \$5.00. Credit cards will run automatically on the 1st of each month. Please beware it is your responsibility to contact our office to update billing information otherwise it will result in a processing fee.



Take a picture of form and text to (813) 421-5203 for 1 step registration.

Card Number _____ - _____ - _____ - _____ Expiration Date ____ / ____ / ____ CVV _____

Name as it appears on card (please print): _____ Billing Zip _____

****To withdraw your child from class, you must email SoccerGemz Billing Department at wecare@soccergemz.com. Billing will continue to accrue if notification is not received. Withdrawals must be made by the 1st of the month****

Waiver of Liability: *In consideration of being permitted to play soccer, on behalf of myself, my family, my heirs, and my assigns, I hereby release Soccer Gemz LLC, its agents, and its employees from liability for injury, loss, or death to the above-mentioned participant while using any facility or equipment or in any way associated with participating in the activity of soccer now or in the future, resulting from the ordinary negligence of SoccerGemz, LLC its agents and employees. I have read the preceding information and it has been explained to me. I know, understand, and accept the risks associated with participation in soccer and I am voluntarily registering the above-mentioned participant in the activity. In doing so, the above-mentioned participant is assuming all of the inherent risks of the sport. I further understand that in the event of a medical emergency and I cannot be reached I authorize care to be administered by a qualified SoccerGemz, LLC. Staff, EMT, physician, or any other qualified individual to provide medical treatment deemed necessary for my child or will call EMS to render assistance and that I will be financially responsible for any expenses involved. **Photo Waiver:** I do hereby consent and agree that SoccerGemz, LLC has the right to take photographs of my child and to use for promotional material without compensation but not limited to print and online media.*

Signature of Parent/ Guardian: _____