



### Auto Payment Form

Submit payment with this form to officials at your school.

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)

#### Semester Tuition: \$200

Tuition covers **12 weeks per semester/quarter** and will renew for each semester/quarter of the school year. Should a child miss a day during the semester/quarter that day is unable to be made up or given credit to another semester/quarter. **Credit cards will run automatically on the 1<sup>st</sup> of each month of the semester/quarter.**



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 \_\_\_\_\_

I would like to add Jersey for additional \$20 Circle size **XS S M L**

**\*\*To withdraw your child from class, you must email SoccerGemz Billing Department at [wecare@soccergemz.com](mailto:wecare@soccergemz.com). Billing will continue to accrue if notification is not received. Withdrawals must be made by the 1<sup>st</sup> 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.

List any Physical/Medical Conditions: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

P.O. Box 7491 Tampa, FL 33673

813-421-5203

[www.Soccergemz.com](http://www.Soccergemz.com)