



Auto Enrollment Payment Form

Payment will automatically process EACH semester

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)

After school my child goes to (circle one): After School Care Car Line

Semester 1 Tuition: \$225 (plus school semester fee of \$25) 12 week per semester

Semester 2 Tuition: \$275 (plus school semester fee of \$25) 14-16 week per semester

Credit cards will be charged on the 1st of each month of the semester.

**Price subject to change*

Should a child miss a day during the semester that day is unable to be made up or given credit to another semester.

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

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

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

I _____ have read and acknowledge authorization of payment per semester:

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.**

Billing will continue to accrue if notification is not received. Withdrawals must be made by the 1st of the month**

REFUND POLICY: Refunds will not be issued for non-attendance or non-participation for a registered class. Credits or refunds are not provided for players who miss a whole or partial class for any reason. A free trial class is not offered for school programs. Refund requested will not be granted once classes for program has started. **Refunds will only be given when the withdrawal of a student is received in writing 2 weeks prior to the start of any session or before the 1st of the month for school programs. Refunds are not provided once payment is processed.** School year registration fees are non-refundable for any reason. Should Soccer Gemz find it necessary to de-register a child for any reason, including behavior, non-payment, etc. a refund will not be issued. A non-waivable \$75.00 administration fee will be applied to any refund issued for any reason. A \$35.00 administration fee will be applied to all returned checks. **Refunds or credits are not issued for school closure for any reason.**

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: _____