

## **Auto Enrollment Payment Form**

Payment will automatically process EACH semester

School	Grade	Teacher	Regist	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 Scho	ol Care Car I	Line		
Per Semester Tuition: \$250 Credit cards will be Should a child miss a day during the seme Take a picture and text t	e <b>charged on</b> *Price su ester that day	<b>the 1<sup>st</sup> of each m</b> ubject to change is unable to be m	nonth of the semes nade up or given o	ster. credit to another semester.	
Name as it appears on card (please print):					
Card Number		Expiration D	Date/	CVV	
Ił	nave read and	l acknowledge au	thorization of pay	ment per semester:	
I would like to add Jersey for additional \$2	20 Circle size	XS S M	L		
<b>**</b> To withdraw your child from class, you m Billing will continue to accrue if notification					
<b>REFUND POLICY:</b> Refunds will not be issued for nor players who miss a whole or partial class for any reason. classes for program has started. <b>Refunds will only be giv</b> <b>session or before the 1st of the month for school progr</b> non-refundable for any reason. Should Soccer Gemz find will not be issued. A non-waivable \$75.00 administration applied to all returned checks. <b>Refunds or credits are no</b>	A free trial class ven when the wit rams. Refunds a l it necessary to d n fee will be appl	is not offered for school thdrawal of a student re not provided once r e-register a child for an ied to any refund issued	bl programs. Refund req is received in writing 2 payment is processed. S by reason, including beh d for any reason. A \$35.	uested will not be granted once 2 weeks prior to the start of any School year registration fees are avior, non-payment, etc. a refund	
Waiver of Liability: In consideration of being permits Gemz LLC, its agents, and its employees from liability fo in any way associated with participating in the activity of and employees. I have read the preceding information and participation in soccer and I am voluntarily registering to assuming all of the inherent risks of the sport. I further un administered by a qualified SoccerGemz, LLC. Staff, EM my child or will call EMS to render assistance and that I agree that SoccerGemz, LLC has the right to take photog	r injury, loss, or i f soccer now or in nd it has been exp he above-mention nderstand that in T, physician, or c will be financial.	death to the above-men n the future, resulting fi olained to me. I know, u ned participant in the au the event of a medical ny other qualified indiv ly responsible for any e	tioned participant while rom the ordinary neglige understand, and accept to ctivity. In doing so, the emergency and I cannow vidual to provide medica expenses involved. Phot	e using any facility or equipment or ence of SoccerGemz, LLC its agents the risks associated with above-mentioned participant is t be reached I authorize care to be al treatment deemed necessary for to Waiver: I do hereby consent and	

and online media.
List any Physical/Medical Conditions:

Signature of Parent/ Guardian: