

Colorado Fusion Soccer Club

Academy & Sr. Academy Player Registration Form



Club Information

Team

Team # Age Group

(club use only) Gender

Player Information

Last Name First Name

Address City

State Zip Code Area Code Telephone Number Month Date Year
Birth date

Parent/Guardian

Mother's First and Last Name _____ Cell # _____

Father's First and Last Name _____ Cell # _____

Email address _____ 2nd email _____

Parental Acknowledgements and Agreements

I the parent/guardian of the registrant, a minor, agree that I and registrant will abide by the rules of the Colorado Fusion (CFSC), the Colorado Soccer Youth Soccer (CYS), the United States Youth Soccer Association (USYSA), and their affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer, and in consideration for CFSC, CYS and the USYSA discharge and otherwise indemnify the CFSC, CYS, USYSA and its affiliated organizations and sponsors, their employees and associated personnel (whether paid or volunteer) as well as the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby represent and certify that the age of the registrant listed above is correct and the registrant is physically fit to engage in the demanding contact sport of soccer.

I represent that I am the parent or legal guardian of the above-name registrant and that I have read and understand the above statements.

I give my permission to CFSC to and photograph my child's image and to display it in various forms of media (website, newsletters, advertisements, etc.)

I hereby acknowledge that I have read and agree to abide by the Colorado Fusion Code of Conduct as outlined on the back of this application form.

ACKNOWLEDGED AND AGREED: X _____ **DATE:** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

List any medical problems/allergies/prohibitions this player has _____

Person to notify in emergency _____ Telephone _____

Person to notify if parent/guardian is unavailable _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Insurance carrier _____ Policy Number _____

Signature of Parent or Guardian X _____



Passion...Commitment...Excellence...

High School Mundial and Copa Team Disclosure Form
Fall 2010 Season Fees

Fees Paid to Colorado Fusion Soccer Club *Directly*

Colorado Fusion Soccer Club Dues.....	\$425.00
Administrative Support	
Referee Game Fees	
Referee Assignor Fees	
CYS Registration	
Manager Stipend	
Coaching Fee.....	\$350.00
Technical staff support	
Coach education	
Team Coach Fee	
Total Due (may be paid in 4 installments—with an automatic credit card payment or ACH agreement only).....	\$775.00

Estimated Fees Paid to Team *Directly*

Team Training Fund.....	up to \$200.00
Team Equipment	
Goalkeeper Equipment	
Indoor space and lighted field rental	
Tournament Expenses	
Registration fees — based on team entry fee, to be divided equally by all players on team roster, regardless of participation — per tournament	
Player travel costs; to include transportation, meals, lodging per player	
Coach travel costs; to include transportation, meals, lodging to be divided equally by all players on team roster regardless of participation.	
Additional Team Costs	
Expenses throughout the year which may include indoor soccer fees, soccer camps and additional training specific to each team.	

As we offer a limited number of spots for any roster and make financial commitments to run teams based on the accepted roster spots, it is the policy of the Colorado Fusion to issue refunds **ONLY** if the player moves out of the club's playing area or if the player is unable to participate due to injury — otherwise there are **NO REFUNDS** available. In signing this fee disclosure form you agree with this policy. No oral representations by any coach or staff member contrary to this policy should be relied upon. All refunds requests must be submitted in writing.

After a player commits to a team, and completes the registration, the player is considered registered to the club. Each player is bound to the club for the entire seasonal year, which runs from August 1, 2010 to July 31, 2011. Families have the option of paying in full at registration night, or choosing a payment plan which allows the total to be divided equally into three installments. Each family is obligated to the full financial commitment, regardless of the choice made.

Colorado Fusion will not consider a request to transfer to another club during the soccer year until that player has paid his/her entire financial obligations to the club and team for the soccer year. If approved, all fees for the entire seasonal year must be paid in full before the CYS form can be authorized. This will include all expected tournament fees; a reasonable estimate for coach travel expenses, any other fees that might be due after the player has transferred from the team as well as a \$50 club-processing fee.

Submission of the Colorado Fusion Soccer Club registration form confirms your registration and full financial obligation.

Parent Name _____ Parent signature _____

Player's Name _____ Player's Team _____



Colorado Fusion SC 2010 Girls High School Mundial & Copa Teams

Team Name _____ U _____
 Payment Option #1 (pay total amount with one payment)
 Or Payment Option #2 (pay 1st of 3 installments)

\$25.00 late fee if paid after registration night

Player Name _____
 Billing Address _____
 City, Zip _____
 Phone: _____

Option #1	Option #2
Amount: \$ 775.00	Amount: \$ 258.50
Late Fee: \$ 25.00	Processing Fee: \$ 5.00
Total: \$ _____	Late Fee: \$ 25.00
	Total: \$ _____

If you choose Option 2 please see note on page 2

Include payment coupon, payment (checks made payable to Colorado Fusion, SC) and mail to Colorado Fusion, SC, 7808 Cherry Creek South Dr. #401, Denver, CO 80231 or Fax to 303-399-5862 or drop off at office.

Form of payment: Check # _____ Visa or Mastercard # _____

Name on Credit Card _____ Expiration Date _____

Refunds are considered only if the player/family moves more than 50 miles from their primary residence or the player is injured/ill and is unable to participate as documented by a physician. Only fees collected for Colorado Fusion SC will be considered for refunds. All refund requests must be in writing.

Parent Signature: _____ Date: _____

There will be a \$5.00 per month installment fee assessed to accounts paid in installments.

Automatic credit card payments may be authorized by signing below: Charge dates: registration night, 8/1, 9/1

Signature _____ Date: _____

High School Mundial & Copa Teams Team Name _____ U _____

Payment Option #2
pay 2nd of 3 installments)

Add late fee if paid after 8/1/09

Player Name _____
 Billing Address _____
 City, Zip _____
 Phone: _____

Amount:	\$259.00
Processing fee:	\$ 5.00
Late fee:	\$ 25.00
Total:	\$ _____

Form of payment: Check # _____ Visa or Mastercard # _____

Name on Credit Card _____ Expiration Date _____

Include payment coupon, payment (checks made payable to Colorado Fusion, SC) and mail to Colorado Fusion, SC, 6825 East Tennessee Ave, Suite 475, Denver, CO 80224 or Fax to 303-399-5862 or drop off at office.

High School Mundial & Copa Teams Team Name _____ U _____

Payment Option #2
(pay 3rd of 3 installments)

Add late fee if paid after 9/1/2009

Player Name _____
 Billing Address _____
 City, Zip _____
 Phone: _____

Amount:	\$259.00
Processing fee:	\$ 5.00
Late fee:	\$ 25.00
Total:	\$ _____

Form of payment: Check # _____ Visa or Mastercard # _____

Name on Credit Card _____ Expiration Date _____

Include payment coupon, payment (checks made payable to Colorado Fusion, SC) and mail to Colorado Fusion, SC, 6825 East Tennessee Ave, Suite 475, Denver, CO 80224 or Fax to 303-399-5862 or drop off at office.

Payment Instructions

Payments may be made by cash, check or credit card.

Accounts may be paid in full or in 4 installments:

Payment 1 due	registration night
Payment 2 due	August 1, 2010
Payment 3 due	September 1, 2010
Payment 4 due	October 1, 2010

A \$5 fee will be added to each payment for processing when the account is paid installments.

A \$25 late fee will be added for each payment that is made after the due date.

***If you chose Option 2 (four installments) you must provide a credit card for automatic charges on 8/1, 9/1 and 10/1 or fill out the ACH form for automatic withdrawal from your checking account on 8/1, 9/1, and 10/1.**

