

Florence Soccer Association
Fall 2010 / Spring 2011 Financial Contract

Player Name: _____ Team: U____ Boy / Girl

Total Payment to the Florence Soccer Association (FSA) which includes the \$100 non-refundable registration fee (please check one):

- Team Age U12 and below (Sandlapper League): Fall: \$250, Spring: \$180
- Team Age U13 and up (PMSL or SCSCCL Leagues): Fall: \$250, Spring (U13/14): \$180

The FSA payment covers the following:

- Team training fee (including coach pay)
- SCYSA coach, player, and team rostering fee
- League fee

Teams pay the following fees:

- Tournament fees
- Referee fees
- Coach's expenses
- Equipment fees
- Uniforms

Payment of Fees

1. Non-refundable \$100 registration fee (payable to Florence Soccer Association) to accept a roster slot is due by June 7, 2010.
2. Balance of FSA Fall Fee (\$150) is due by July 1, 2010
3. The FSA Spring Fee (\$180) is due by December 1, 2010 for players on teams U14 and under or January 4th 2011 for players on U12 and younger teams.
4. Register and pay on-line at www.flosoccer.org

Parent/Guardian Responsibilities

1. As the parent or guardian of the above named player, I acknowledge that I have read and understand the payment schedule and am financially responsible for the fees stated above for the entire playing season. Refunds less the \$100 non-refundable registration fee will only be issued for a season ending injury or for moving out of the area.
2. This contract for teams ages U14 and below is for the fall 2010 and spring 2011 season. This contract for teams ages U15 and above is for the fall 2010 season only.
3. I understand that once I accept a roster slot by paying the non-refundable registration fee, I am contractually bound to make all the payments shown above. I acknowledge and appreciate the importance of making these payments in a timely manner to enable FSA to cover league/player expenses and FSA expenses.
4. Player transfers to other associations will not be approved until all financial obligations are settled with FSA.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____