

GLEN ELLYN PARK DISTRICT
LAKERS TRAVEL SOCCER
HIGH SCHOOL BOYS PAYMENT PLAN
2010 - 2011

BOYS U _____ COACH _____ CODE # _____
 Child's First Name _____ Last Name _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ Work/Emergency Phone _____
 Email _____ Date of Birth _____

YOUTH fees for the HIGH SCHOOL BOYS levels will be automatically charged according to the schedule below.

		<u>Resident</u>	<u>Non-Resident</u>
Monday	November 15, 2010	\$100.00	\$100.00
Monday	January 17, 2011	\$275.00	\$325.00
Monday	March 21, 2011	\$275.00	\$325.00
TOTAL FEES		\$650.00	\$750.00

TEAM COMMITMENT

I understand that we are obligated to the one year commitment to the Glen Ellyn Lakers Travel Soccer program. Failure to meet these registration deadlines will result in forfeiture of the participant's player pass, making the participant ineligible to participate in any further practices and games.
Partial refunds will only be given for medical reasons and family relocation.

I authorize the Glen Ellyn Park District to charge my credit card according to the schedule above.
A \$20.00 service fee will be charged for each returned automatic transaction or returned check.

Visa MasterCard Discover Payment Plan Paid in Full

Credit Card Number - - -
 Card Expires (include month & year) - Date _____

WAIVER & RELEASE Waiver & Release As a participant in the Glen Ellyn Park District program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I or my child may have as a result of participating in the program against the Glen Ellyn Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which may have or which accrue to me or my child on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Glen Ellyn Park District and its officers, agents, servants and employees from any and all claims sustained by me or my child, arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize the Glen Ellyn Park District to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care or for the immediate care of my minor child/children and agree that I will be responsible for any and all medical services rendered.

Date _____ Signed (parent or guardian) _____

OFFICE USE ONLY			
CODE#	Resident	Non-Resident	
1 ST PAYMENT	DATE PAID _____	MODE OF PAYMENT _____	AMOUNT _____
2 ND PAYMENT	DATE PAID _____	MODE OF PAYMENT _____	AMOUNT _____
3 RD PAYMENT	DATE PAID _____	MODE OF PAYMENT _____	AMOUNT _____