



2010-2011 AGREEMENT TO PAY PLAYER FEES

DALLAS TEXANS FLORIDA

1. I agree to pay the full amount of the annual player fees for my child to participate as a member of the Dallas Texans Florida team for which he/she is selected. I recognize that by agreeing to be a member of the team, my child is taking a position that may not be filled after the start of the year, and the team is relying on my payment to be able to operate. Therefore, even if my child elects to leave the team during the 2010-2011 season, I agree that the full amount of the fees is payable by me.
2. In the following two situations, an exception to #1 may be requested and seasonal fees may be pro-rated based on the date of departure during the season. All such requests must be formally submitted to the Dallas Texans Florida Division governing Board for their approval.
 - My child incurs a season ending injury confirmed by medical documentation.
 - My child moves beyond a reasonable travel distance. Determination of a reasonable travel distance is at the sole discretion of Dallas Texans Florida Division governing Board.
3. I agree that Club player fees are non-refundable. If my child's team folds/disbands for any reason, during the soccer year, August 1, 2010 through July 31, 2011, the Club is not required to refund any money.
4. I agree to pay my share of additional assessments made by the team or the Club during the year to cover expenses not included in the budget on which the annual fees are based, such as coach's travel costs, costs for invitational tournaments, Premier League fees, and other league costs, etc.
5. I understand that the player fees do not include the cost of the required uniform and that each player is responsible for purchase of their own uniform, as outlined in the Dallas Texans Florida uniform policy. Purchase of the required uniform is an additional expense that is not covered by the Club.
6. If my check or checks are returned for insufficient funds, I agree to pay an additional "insufficient funds fee" of \$30.00 per returned check.
7. I agree to pay a \$5 late fee for each payment that is received 30 days past the due date of the payment installment.
8. I will pay the annual player fees as follows in the schedule below. Play level is determined by your coach at tryouts. **PLEASE INITIAL ONLY THE PAYMENT OPTION SELECTED.**

U11-U14 DIVISION	U15-U16 DIVISION	U17-U18 DIVISION	U15 - U18 DIVISION RED
Option A: Payment in Full \$975 due upon registration	Option D: Payment In Full \$735 due upon registration	Option G: Payment In Full \$735 due upon registration	Option J: Payment In Full \$595 due upon registration
Option B: Payment in two (2) equal installments of \$487.50 on June 12 th and \$487.50 on Jan 1 st .	Option E: Payment in two (2) equal installments of \$367.50 on June 12 th and \$367.50 on Jan 1 st .	Option H: Payment in three (3) equal installments of \$245.00 on June 12 th , August 1 st , and Sept 1 st	Option K: Payment in two (2) equal installments of \$297.50 on June 12 th and \$297.50 on Jan 1 st .
Option C: Payment of \$175 registration fee due immediately Remainder to be paid in 10 equal installments of \$80 on the 1 st of the month beginning Aug 1 st - May 1 st .	Option F: Payment of \$175 registration fee due immediately Remainder to be paid in 7 equal installments of \$80 on Aug 1 st , Sept 1 st , Oct 1 st , Feb 1 st , Mar 1 st , April 1 st & May 1 st	Option I: Payment of \$175 registration fee due immediately Payment in three (3) equal installments of \$187.00 on Aug 1 st , Sept 1 st , Oct 1 st	Option L: Payment of \$175 registration fee due immediately Remainder to be paid in 7 equal installments of \$60 on Aug 1 st , Sept 1 st , Oct 1 st , Feb 1 st , Mar 1 st , April 1 st & May 1 st

****U17 & U18 Division I Players must choose from Options G, H or I.***

OTHER PAYMENT OPTIONS:

_____ I am applying for financial assistance through the club. (To receive financial assistance, a Financial Assistance Application Form must be completed, submitted to the club, and approved by the Financial Aid Committee.)

_____ I am requesting an extended payment plan. Attach and sign Special Payment Option form.

Parent/Guardian Signature

Date

Player's Name

Parent/Guardian Name (printed)

Team