



Registration Form

Player's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____

Date of Birth: Month _____ Day _____ Year _____

Parents or Guardians Information:

Mother/Guardian _____

Father/Guardian _____

Work/Cell# _____ Ext. _____

Work/Cell# _____ Ext. _____

E-Mail: _____

E-Mail: _____

Financial Agreement

I agree that my child or ward's membership with the Chicago Magic Soccer Club requires that he/she attend practices, competitions, and tournaments regularly, and that he/she is committed to playing the **entire** season. I understand that I am responsible for paying his/her season fee in its entirety regardless of the number of practices or competitions in which he/she participates in.

A deposit of \$150.00 is due at the time of registration for each session. The balance is due by the end of the second month of the registered session. I understand that all previous balances must be paid before registration to a new session will be accepted.

I understand the following rules and regulations: these fees do not include the cost of uniforms, travel expenses, or other extraordinary costs.

In addition to the season fee, a parent or guardian must volunteer to work 4 hours per child (i.e. 2 children registered in the Magic programs would be 8 hrs of work, 3 children would be 12 hrs, etc.) at each Best of the Midwest Tournament (per tournament-Spring and Fall). Anyone not participating in volunteer duties will be charged and additional fee of \$150 for each missed volunteer slot.

I further understand that if this account is submitted to collections due to non-payment of any fees, then the cost of collection shall be added to the balance of the account and I will be solely responsible for this fee.

Signature of Parent or Guardian _____ Date _____