



REGISTRATION FORM 2010 WINTER CLINIC 1 JANUARY 13 – FEBRUARY 21

Player Name:	Age:	Gender:
Position:	T-Shirt Size:	
Parent Name:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
City:	State:	Zip:
Program: 12 x 2-hour clinics over a 6 week period for Individual, Small Group and/or Team Training Place: Philadelphia Sports Club at Highpoint, Chalfont, Pa. Wednesday's (6pm-8pm) & Sunday's (5pm-7pm) January 13, 17, 20, 24, 27, 31 and February 3, 7, 10, 14, 17, 21		
Cost: \$295		
Please print this registration form and mail the form with check payable to: Soccer Training Academy LLC 122 Kent Drive North Wales, Pa 19454. Once we received the payment, you will be notify via email. Cancellation Policy: There will be 20% assessment of the Full Fee as Non-Refundable charge if players pull-out after payment is received.		
Refund Policy: While full payment is expected by the respective programs' 'Registration Due Date', which is always 2-weeks before the 1st session program start date, the specifics behind our refund policies are as follows:		
<ul style="list-style-type: none"> • A) If your child pulls-out of any session after registering before the 1st session start date, you will qualify for 80% refund. A 20% assessment of the full fee is non-refundable. • B) If your child pulls-out of any session due to a doctor verified injury, after the 1st session of a specific program, you will qualify for a pro-rated credit which can be applied to any future Soccer Training Academy program. • C) If your child simply stops attending our Soccer Training Academy programs for no medical reason; there is no refund or credit available. 		