



## Southern Soccer Registration Form

Registration Date: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Tuition (Choose One): One Month \$50 \_\_\_\_\_ Two Months: \$100 \_\_\_\_\_ Three Months \$150 \_\_\_\_\_

Southern Soccer T-Shirt: \$20 \_\_\_\_\_ Total: \$ \_\_\_\_\_

Credit/Debit Card, Check or Cash is accepted. Makes checks payable to Southern Soccer. Tuitions due by the 1st class of each month. If paying by check/cash, online invoices will be sent via email on the 1 of the month. Credit Cards will run automatically on the 1 of the month.

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**\*To withdraw your child from classes, please contact Coach Steve at [steve@southernsoccertx.com](mailto:steve@southernsoccertx.com). Southern Soccer is a monthly tuition. Invoices will continue until parental consent to withdraw is given to Southern Soccer.**

**Waiver/Indemnification:** Parent or legal guardian must sign below before child is accepting to participate in Binning Sports LLC DBA Southern Soccer parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Binning Sports LLC. I understand there are inherent risks in participating in this athletic program. I hereby accept the responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in Southern Soccer. I further agree to indemnify and hold harmless Binning Sports LLC, its agents, servants, employees and/or representatives from any and all liability, damage, cost, or expense arising out of my child's participation in Binning Sports LLC events. In the event that I cannot be reached in an emergency, I hereby give permission for the care to be administered by a qualified Binning Sports LLC staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child. Furthermore, I understand my child's picture may be used for Binning Sports LLC marketing materials, only to be used by Binning Sports LLC.

CONTACT US WITH ANY QUESTIONS: [steve@southernsoccertx.com](mailto:steve@southernsoccertx.com) CELL: (214) 542-9421

Parent/Legal Guardian Signature \_\_\_\_\_