



# 2010 Super Y-League – Registration / Commitment Form



## PLAYER / PARENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Uniform Sizes: (Non-Fever players) Shirt Size: S M L XL Short Size: S M L XL Sock Size: S M L XL

**Payment Option 1:** Commitment must be made no later than **January 31<sup>st</sup>**, 2010.

- \$125 Non-Refundable deposit due by January 31<sup>st</sup>, 2010.
- Remaining \$245 payment due no later than May 1<sup>st</sup>, 2010. (\$50 late fee applies)
- Total Fee: \$370. (10% multi player discount will be applied for each player)

**Payment Option 2:** Commitment must be made no later than **March 31<sup>st</sup>**, 2010.

- \$150 Non-Refundable deposit due by March 31<sup>st</sup>, 2010.
- Remaining \$245 payment due no later than May 1<sup>st</sup>, 2010. (\$50 late fee applies)
- Total Fee: \$395. (10% multi player discount will be applied for one player)

**Payment Option 3:** Commitment must be made no later than **May 31<sup>st</sup>**, 2010.

- \$200 Non-Refundable deposit due by May 31<sup>st</sup>, 2010.
- Remaining \$245 payment no later than June 15<sup>th</sup>, 2010. (\$50 late fee applies)
- Total Fee: \$445. (10% multi player discount will be applied for one player)

**Payment Option 4:** Commitment made after May 31<sup>st</sup>, 2010

- \$475 fee due upon commitment
- Total Fee: \$475.

An Additional \$60 uniform fee applies for non-Fever players. (2 game shirts, a pair of shorts, and a pair of socks)

**To pay by Check - Make check or money order payable to "Fever Academy"**

Please send check and this registration/commitment form to:  
Fever Academy, PO Box 373, New Haven, IN 46774

**To pay by credit card – Please complete the credit card authorization form.**

Please send the credit card authorization form and this registration form to:  
Fever Academy, PO Box 373, New Haven, IN 46774

I certify that I am in excellent physical health, and may participate in strenuous and hazardous activities, including soccer. I certify that there are no physical limits to my (child's) participation. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge the Fort Wayne Fever, and all their affiliated entities from any and all liability, claims demands, and causes of action for personal injury, property damage, and/or loss suffered by myself or child in connection with their participation. I represent that I am the parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent/Guardian Signature or Participant \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_