



Dear Everest Parent:

Enclosed you will find forms and information for the 2011-2012 soccer season. Please take the time to read everything carefully and be sure to complete all enclosed forms and return with your deposit by the designated due dates.

### **Terms To Understand For The 2011-2012 Season**

- *General Fees and Policies*
- *Tournament Fees and Policies*

### **Forms and Additional Items To Complete and Return To Address Above By August 1, 2011:**

Note: Please remember to return the correct amount of copies detailed below. Packets without the required number of copies will not be processed. **Note: All players (new and returning) are required to submit all of the information requested below.**

- *(1 copy) Credit Card Authorization and Parent Acknowledge Form*
- *(2 copies) US Club Registration and Medical Release Form*
- *(2 copies) US Youth Soccer Player Membership Form*
- *(1 copy) Uniform Order Form*
- *(2 copies) Birth Certificate (you provide)*
- *(2 copies) Player Photograph (you provide) - 1"x1.5" Pic. of Player*
- *50% payment of session fees (details on amount due on page 2)*

Note: This paperwork is **required** for your son or daughter to participate with Everest Soccer Club. Without receipt of your registration paperwork by the deadline, we cannot allow the player to participate in practices, games, or tournaments. Your paperwork can either be mailed to the address above or given to the Directors of Coaching.

### **Final Balance Due at the Beginning of Each Session**

*Note: (All sessions run at least 9 weeks)*

- **Fall Final Balance Due - August 22nd, 2011**
- **Winter 1 Final Balance Due - October 31st, 2011**
- **Winter 2 Final Balance Due - January 16th, 2011**
- **Spring Final Balance Due - April 2nd, 2011**



## General Fees and Policies for the 2011-2012 Season

Itemized below is the fee breakdown for the 2011-2012 season. **Please note: there are a total of four sessions in the 2011-2012 season.** Your session fees includes: league fees, practice field rental, game field rental, coaching fees, US Club and/or USYSA passes, insurance, referee fees, weekly team training(s), footskills, striker/goalkeeper training and miscellaneous fees (such as administration, advertising, website maintenance, accounting, equipment, etc.).

### Session Fees for 2011-2012 Season

- U8 \$195.00 per session (savings program does not apply)
- U9 \$275.00 per session
- U10 \$325.00 per session
- U11 thru U14 \$360.00 per session
- U15 thru U18 \$435.00 per session

Note: Multiple Members per Family: \$50 off per additional player per session

*Session Fee Due Dates* (total of 4 sessions per season):

- Fall - Two Installments
  - **August 1<sup>st</sup> Installment 1 Due (50% of session fee)**
  - **August 22<sup>nd</sup> Final Installment Due (Final Balance)**
- Winter I - Two Installments
  - **October 10<sup>th</sup> Installment 1 Due (50% of session fee)**
  - **October 31<sup>st</sup> Final Installment Due (Final Balance)**
- Winter II - Two Installments
  - **January 2<sup>nd</sup> Installment 1 Due (50% of session fee)**
  - **January 16<sup>th</sup> Final Installment Due (Final Balance)**
- Spring - Two Installments
  - **March 19<sup>th</sup> Installment 1 Due (50% of session fee)**
  - **April 2<sup>nd</sup> Final Installment Due (Final Balance)**

### Payment Policy

- You are required to pay your balance on the due dates, **even if you have not received a statement.** You will be given a 5 day grace period. **After the grace period has expired, your credit card may be charged the balance due + a 4% finance fee.** Any accounts over 90 days past due may be turned into a collection service.
- As a member of Everest Soccer Club we assume your participation for the entire 2011-2012 year and will bill accordingly. **You may cancel at anytime, but cancellation must be done in writing.** Upon cancellation, all applicable fees are due in full. No refunds or discounts are given for cancellations that occur during a given session.
- All session fees must be paid in full prior to the start of each session to avoid player ineligibility, no exceptions. A statement will be emailed each session detailing account activity. If you do not receive a statement, contact Ruth Dicken, accounts manager, immediately at [rdicken@everestsoccer.com](mailto:rdicken@everestsoccer.com).



## Everest Discount Programs

- ❑ **Everest Bucks Program**
  - Any person who brings a new player to Everest will receive \$50 in “Everest Bucks”. “Everest Bucks” may be applied toward uniforms, camps, clinics, registration fees, or tournament fees. Note: Everest Bucks must be requested in advance of the new player’s registration. The discount will not be applied until the new player is registered and their session fees have been paid in full.
- ❑ **Multiple Member Discount**
  - \$50 discount for each additional player per household. Note: one child will be charged full tuition.
- ❑ **Managers Stipend**
  - \$125 discount for players whose parents are current team managers. Also, for away tournaments that require managers to come a day early to register the team, the manager’s child’s tournament fee is voided.
- ❑ **Advancement Discount For ODP, ID2 and Y-League**
  - Any player that has made the following ODP, ID2 or Y-League team for the 2011 season will receive the following discounts:
    - ❑ National Pool – (ODP, Y-League or ID2 )100% off session fees (excludes tournaments and uniforms)
    - ❑ Regional Pool – (ODP or Y-League ) 50% off session fees (excludes tournaments and uniforms)

**An ODP roster must be submitted to Everest for verification.**

Although these are the only discount programs the club has to offer at this time, there are other ways to offset costs. For example, some of our players seek sponsorship from outside corporations or individuals. With a little bit of work, you may be able to find a sponsor for your son/daughter. We have several members that take advantage of this option and have all of their fees paid by their sponsor. Other club members and teams have done fundraisers to help subsidize costs.

If you have any questions about these discount programs, please call 330-673-3330.



## **Tournament Fees and Policies**

Everest Soccer Club provides and facilitates tournament opportunities to its members. It is expected as a member of a premier soccer program that each player will participate in the designated tournaments for his/her team. It is the club's policy to calculate tournament fees on an "At Cost" basis so that tournaments do not become financially prohibitive.

**Note: All tournament fees will be billed in advance of the event.**

Unfortunately, due to the nature of tournaments and their policies there are no refunds of fees.

In order to be eligible to attend a tournament, Everest Soccer Club requires that 14 players (12 for U10 and younger) or more participate. Should a team wish to attend a tournament but is unable to meet the minimum requirement of participants, two options are available. 1) The club will allow the team to obtain **paying** guest players from another team or from an outside club so that the number of participants is increased to the minimum or (2) will allow that team to attend with less than the minimum required number, but the club will assess each player an additional surcharge based on participation. In all cases, Everest Soccer Club reserves the right to decline registration to any team at any time. The selection of players for a tournament is the responsibility of the team coach.

### **Tournament fees cover the following expenses:**

Registration Fees	Coaching Fees
Referee Fees	Coaching Expenses (Lodging, Meals and Transportation)
Travel Permits	Guest Player Permits (if applicable)



**Credit Card Authorization**

I, \_\_\_\_\_ hereby authorize Everest Sports Limited, to charge my credit card account in the amount not to exceed the balance due plus a 4% transaction fee when my account is over 5 days past due. **Completion of this form is required for your child to participate. This authorization form is not meant to act as an automated payment option.**

Visa                       Master Card                       American Express     Discover

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ VID Code \_\_\_\_\_

**Credit Card Billing Information**

Name on the Credit Card \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Everest Soccer Club will keep this information confidential and secure at all time.

**Parent Acknowledgement**

I have read and reviewed Everest Soccer Club's registration materials for the 2011-2012 Season. By signing below I agree to the terms stated therein and further agree to pay all applicable fees associated with my son's/daughter's participation. My membership with Everest begins August 22nd, 2011 and ends July 31<sup>st</sup>, 2012. **If I should decide to cancel my membership, I agree to inform Everest Soccer Club in writing and pay all applicable fees to date in full.**

Player's Name: \_\_\_\_\_ Age Group U- \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Note: This completed form must be returned with your registration packet**



7716 8th Ave. North  
 8 Myrtle Beach, SC 29577  
 9 Phone: (843) 429-0006  
 10 Email: [admin@usclubsoccer.org](mailto:admin@usclubsoccer.org)  
 Website: [www.usclubsoccer.org](http://www.usclubsoccer.org)

## YOUTH CLUB REGISTRATION CONFIRMATION

Club Name Everest Soccer Club City Ravenna State Ohio

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

\_\_\_\_\_  
*Player's Signature*                      *Date*                      *Parent/Guardian Signature*                      *Date*

### PLAYER'S MEDICAL INFORMATION

Player's Name	Birth Date		
Street Address	City	State	Zip

Father's Name	Home Phone	Bus Phone
Mother's Name	Home Phone	Bus Phone

In an emergency when parent/guardian cannot be reached, please contact the following:

Name	Home Phone	Bus Phone
Name	Home Phone	Bus Phone

Allergies \_\_\_\_\_  
 Other Medical Conditions \_\_\_\_\_

Physician	Home Phone	Bus Phone
Medical/Hospital Insurance Company		Phone
Policy Holder's Name		Policy Number

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

(Relation to player: father, mother, guardian)

*Notary Public* \_\_\_\_\_ *Date* \_\_\_\_\_



**US Youth Soccer Player Membership Form**  
**OHIO YOUTH SOCCER ASSOCIATION NORTH**

League Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Club/Team Name: \_\_\_\_\_ Player ID #: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Area Code/Tel. Number: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mother's Month & Day of Birth: \_\_\_\_\_ (Required)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: \_\_\_\_\_ Primary or Secondary Team: \_\_\_\_\_ (Required)  
(State Cup teams should always be primary)

**WAIVER OF LIABILITY:**

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL CONSENT FOR MEDICAL TREATMENT:**

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically







Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Everest Soccer Club

## Uniform Order Form 2011-2012

[www.everestsoccer.com](http://www.everestsoccer.com)

IMAGE	ITEM	COLOR	SIZES						PRICE	TOTAL	
			YS	YM	YL	AS	AM	AL			AXL
	REGISTA JERSEY (MANDATORY)	BLACK								\$33	
QUANTITY											
	STRIKER SHORTS (MANDATORY)	BLACK								\$20	
QUANTITY											
	COPA ZONE SOCKS (MANDATORY)	BLACK								\$10	
QUANTITY											
	SQUADRA II TRAINING JERSEY (MANDATORY)	RED								\$24	
QUANTITY											
	TEAM ALLIANCE SACKPACK (MANDATORY)	RED	NA						\$15		
QUANTITY											
	SERENO TRAINING SUIT (MANDATORY FOR U15-U18)	GREEN AND BLACK								\$70	
QUANTITY											
								Total Amount Due			

NAME \_\_\_\_\_

TEAM \_\_\_\_\_

JERSEY # REQUESTED \* (LIST 3 IN ORDER OF IMPORTANCE) \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**DETAILS:**

- ORDERS WILL BE PLACED WITH YOUR TEAM MANAGER AT THE START OF EACH SESSION
- COMPLETED ORDERS WILL BE PICKED UP BY THE TEAM MANAGERS COD (MUST HAVE CHECK IN HAND TO PICKUP)
- PAYMENT IS DUE VIA CHECK OR MONEY ORDER PAYABLE TO EVEREST SOCCER CLUB

\* IF THE REQUESTED NUMBER IS NOT AVAILBLE, EVEREST WILL ASSIGN A NUMBER