



**PAYMENT PLAN**

I fully understand the Delray Beach Soccer Club’s 2010 – 2011 seasonal year registration fees are **\$850.00 plus payment plan fees**. I further understand that I am responsible for paying the total balance due in a timely manner, as outlined in the payment schedule addendum. I understand that if a payment is not made by the dates shown on the payment schedule addendum my child will not be allowed to participate in any team practices or games until such payment has been made. I also understand that if I do not pay the total balance due in a timely manner my child may be placed “Not in Good Standing” that could result in a release from the team and a restriction from playing with any other FYSA traveling team until the outstanding balance has been satisfied. No player will be permitted to play in Regional or State Cup until all registration fees have been paid. Please initial the points below acknowledging your understanding of the mutual expectations between you and **The Delray Beach Soccer Club**, then sign and date below.

▶ Although it is our intent to honor the commitment to play with the **Delray Beach Soccer Club** for the entire seasonal year, we understand that accepting the position offered and completing the registration documents obligates me to pay the full registration fees of **\$850.00 plus payment plan fees**, regardless of whether we later decide to leave the **Delray Beach Soccer Club** prior to the end of the seasonal year.

▶ We understand that failure to fulfill our financial obligations to the **Delray Beach Soccer Club** may result in the player being placed “Not in Good Standing” with the **Delray Beach Soccer Club** and FYSA, which will result in the player’s playing privileges being suspended until the obligations are fulfilled. This will also impact the player’s ability to register with the **Delray Beach Soccer Club** or any other affiliate next year.

\_\_\_\_\_  
**Player’s Initials**

\_\_\_\_\_  
**Parent’s Initials**

▶ We agree to make all installments toward fulfilling our financial obligation as follows: Please refer to the payment schedule addendum.

Four (4) month payment plan \_\_\_\_\_

Player Name: \_\_\_\_\_

AGE/GROUP: \_\_\_\_\_

COACH: \_\_\_\_\_

**(Printed name)**

\_\_\_\_\_  
**Coach Signature**

Parent/Guardian Name: \_\_\_\_\_

**(Printed name)**

\_\_\_\_\_  
**Parent/Guardian Signature**

COUNTY OF PALM BEACH, STATE OF FLORIDA) ss:

Acknowledged before me by the parent/guardian noted above who is well known to me or who presented a Florida Drivers License or \_\_\_\_\_ for identification on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

**(SEAL OF NOTARY)**

\_\_\_\_\_  
**Notary Public Signature**

**Make checks payable to Delray Beach Athletic Club and send to Todd L’Herrou, Delray Beach Athletic Club, 777 East Atlantic Avenue, Box Z-248, Delray Beach, Fl 33483-5360**