



Player Name:
Team:
Coach:
Manager:

**FORMS AGREEMENT:**  
**Mandatory Signature Required:**

**I have read and understand the materials in this Registration Night Packet which includes the following forms:**

- **Player Registration Application (please fill out completely and sign at bottom)**
- **Competitive Fee Agreement**
- **Parent Contract**
- **CWFC Player Contract**
- **Registration Refund Policy**

Parent/Guardian Name (please print): \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Player Signature: \_\_\_\_\_

**PAYMENT: The full registration fee is due at this time. Post dated checks are accepted. Payment plans available (please see Competitive Fee Agreement). All checks must be made out to Carlsbad Wave Soccer. Visa/Mastercard accepted.**

FOR OFFICE USE ONLY: PAID IN FULL? \_\_\_\_\_ DATE: \_\_\_\_\_ Processed by: \_\_\_\_\_

Money Due Date:	Check Amount:	Check Number:	CASH amount:	V/MC Amount:
Registration Night:				
April 15, 2008				
May 15, 2008				
June 15, 2008				
July 15, 2008				
August 15, 2008				

VISA_MC_NUMBER: _____ CODE: _____ EXP: _____
Cardholder Signature: _____ Date: _____