

BRAZILIAN SOCCER TRAINING CENTER, INC.

CO-ED RECREATIONAL SOCCER PROGRAM | \$380/24 CLASSES



- ☐ FALL: August 18 - November 12, 2020
- ☐ WINTER: November 17, 2020 - February 25, 2021
- ☐ SPRING: March 2 - May 27, 2021 |

UNIFORMS INCLUDED IF PAID IN FULL
TUESDAYS AND THURSDAYS | 5:00 PM - 6:30

Child Name: _____ School Attending: _____

D.O.B.: _____ Age: _____

Address: _____

Parent email: _____

Parent Name: _____

Home Phone: _____ Cell: _____

☐ Opt. in for text messaging service Cell Provider: _____

How did you hear about us: _____

PARENTAL RELEASE

I hereby certify that _____ is in normal health and capable of participating in the soccer program. I am aware the goals and the objectives of BRAZILIAN SOCCER TRAINING CENTER (BSTC), INC. and sports program based on fun, fair play, and skills development. I'm aware that BSTC, INC., only carries a secondary health insurance bears primary responsibility. I also understand the BSTC, INC. retains the right to use, for publicity and advertising purpose photographs of players taken at the school or any event by BSTC, INC.

NOTE: No refunds after the first schedule week of practice. No Exceptions

Signed: _____ Date: _____ Print Name: _____

PAYMENT INFORMATION

Payment can be made by any major credit card or by check only to Brazilian Soccer Training Center.

Check #: _____

Credit Card Type: Master Card ☐ Visa ☐ AMEX ☐

I authorize BSTC to charge my CC the amount of \$ _____

Credit Card #: _____

Expiration Date: _____ CVV Code: _____

Signature: _____ Date: _____

Card Holders Name: _____

FILL OUT FORM AND EMAIL REGISTRATION FORM TO BSTC SOCCER

info@bstcsoccer.com | bstcsoccer.com | 786.522.7577