



Waiver and Credit Card Authorization Form

Name of Parent: _____ Name of Child: _____

Home Address: _____ City/State/Zip: _____

Primary Email: _____ Parent's Cell: _____

Emergency Contact Information:

Name: _____ Relationship to Player: _____

Phone: _____ Cell: _____

Please list all medical conditions and/or allergies we should be aware of: _____

Credit Card/Debit Authorization (Please complete and sign)

Credit Card Type (circle one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I hereby authorize NJ Wildcats to charge my credit card monthly as outlined on our website www.NJwildcats.com

Signature of Parent or Guardian: _____ Date: _____

Payment Agreement & Waiver form (please sign)

ALL payments at NJ Wildcats are done by Credit Card or Debit Card. Fees are charged by credit or debit card on the first of each month as posted on NJwildcats.com under the "Payments, Due Dates, & Payment Method" link. When you join Wildcats you will immediately be charged a \$199 non-refundable commitment fee in addition to your monthly fees. When you commit to Wildcats it is agreed that you are joining from the day you start until July 31st, the last day of that soccer year. The soccer year is defined by us and US Soccer as August 1st to July 31st. If you leave the program you will be charged for all remaining months within this agreement in one lump sum and after that payment is received we will process your release. If you are injured you are still responsible for all months within the agreement. You can make up any lost practices with other teams once you heal up. If you have a long term injury, a long term injury is defined as being out of all sports as directed by a doctor for 6 months or longer, we will suspend your payments but we must replace you with another player so we don't have a shortfall within the team budget. If you want to keep a guaranteed spot on the team you must continue with your payments. Our teams have budgets that must be met so that all team expenses are covered and need full rosters to meet the financial needs of each team whenever possible.

I hereby authorize the staff of Premier Soccer Training Inc., dba NJ Wildcats, dba USP Soccer to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted. In consideration of my acceptance of my child, I hereby for me, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, employees, or representatives or their successors and assigns for any and all injuries that may be suffered. I verify that I am parent/legal guardian of the above child and I am over the age of 18 years. I also agree that any photos taken of my child while participating in this activity can be used for marketing and promotional purposes. I attest that my child, while in this activity is in sound condition to participate in this activity.

Signature of Parent or Guardian: _____ Date: _____