## LETTER OF INTENT/MEMBER REGISTRATION 2019 San Diego Sol Basketball Club

TEAM NAME: <b>Local Team - Summer</b> PLAYER NAME:		AGE GRO	AGE GROUP:  DATE OF BIRTH:		
		DATE OF			
PRIMARY ADDRESS:		CITY:		ZIP:	
PARENT/GUARDIAN 1:		PHONE: (	)		
PARENT/GUARDIAN 2:		PHONE: (	)		
PARENT NOTIFICATION AND with this Club for the 2019 season					player
The fee for the 2019 seaso expenses for practices, games, tour space rental for facilities. Players is shirt, tank top and player insurance	new to the Club need to pay a	ation fees, coaches	stipends, adminis	strative fees, team equipment	t and
Payments can be made in \$620.00 (remember to deduct the \$ follows (there is a \$25 charge for re		by July 1, 2019. Sa	an Diego Sol will	accept monthly payments as	
	PLAYER STATUS	July 1	August 1		
	Returning Player	\$200.00	-		
	New Player	\$305.00	\$305.00		
participation. Any failure to pay the of the season fee so paid or outstan relocation, injury or illness.		ll result in damages	to the San Diego	o Sol Basketball Club. No po	ortion
	ecepted and the reservation ent	ered upon execution	n of this Agreem	nent and upon payment of the	first
This Agreement shall not Agreement and will be jointly and	be modified except by written severally responsible for the o			ch parent or guardian shall si	gn this
This Agreement shall be debe determined in accordance with t	leemed to have been entered in the provisions of California law		California and its	validity, effect and operation	shall
In the event any provision enforceability of any other provisions said provisions shall be deemed to enforceable.		portion of this AGF	REEMENT is hel	d to be illegal or invalid by a	
Date:	Signatures of Parents or				_
Date:	Guardians Accepting				
Names Printed:					
Billing EMAIL address:					
Date:					

Amy Cleveland, President San Diego Sol Basketball