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

TEAM NAME: San Diego Sol – Local Team (fall)  PLAYER NAME:			AGE GRO	AGE GROUP:			
			DATE OF BIRTH:				
PRIMARY ADDRESS:			CITY:		ZIP:		
PARENT/GUARDIAN 1:			PHONE: (	)			
PARENT/GUARDIAN 2:			PHONE: (	)			
PARENT NOTIFICATION All with this Club for the 2019 season						player	
The fee for the 2019 sea for practices, games, tournament for facilities. Players new to the and player insurance.	s, leagues, club registrat	ion fees, coa	ches stipends,	administrative f		e rental	
Payments can be made (\$570 if you paid the tryout fee) is a \$50 charge to use the payment	for new players by Sept				for returning players and \$620 monthly payments as follows		
	PLAYER STATUS	Sept. 23	Oct. 23	TOTAL	]		
	Returning Player	\$225	\$200	\$425	-		
	New Player	\$320	\$300	\$620			
The obligation to pay fe participation. Any failure to pay of the season fee so paid or outst relocation, injury or illness.	the fees for the entire se	eason will res	sult in damages	s to the San Die		ortion	
The enrollment shall be month's fees. These fees are nor		ation entered	upon executio	on of this Agree	ment and upon payment of the	e first	
This Agreement shall no Agreement and will be jointly an					ach parent or guardian shall si	gn this	
This Agreement shall be be determined in accordance with			n the State of C	California and it	s validity, effect and operation	ı shall	
In the event any provision enforceability of any other provisions shall be deemed to enforceable.	sion herein. If any prov	ision or porti	on of this AGF	REEMENT is h			
Date:	Signatures of Pare	ents or				_	
Date:	Guardians Accept	ing					
Names Printed:							
Billing EMAIL address:							
Date:	ACCEPTED BY:						

Amy Cleveland, President San Diego Sol Basketball