

Please read the following terms and conditions carefully and sign the agreement below

I, _____, as parent or legal guardian of applicant player, attest and hereby
(Printed name of parent / legal guardian)
hold true that all of the information I have provided on this application for financial aid is true and accurate.

I fully understand and agree that should City SC award me financial aid under the terms of this agreement, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with City SC throughout the respective season, including post season play.

_____ Initial

I fully understand and agree that should the above named applicant leave or become unregistered with City SC, for any reason whatsoever, prior to the end of the season that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of the FULL registration fee including any financial aid or scholarship money that was allocated, as well as the full amount of team fees budgeted for the season.

_____ Initial

I fully understand that I will not be released to play with another club until the above-mentioned registration fees, financial aid and scholarship funds and team fees have been paid in full.

_____ Initial

I fully understand and agree that should City SC award me financial aid the receiving team player agrees to:

- Attend all practices and games with their team
- Complete the entirety of the season including post season play
- Represent the club in a positive and responsible manner
- Participate in team & club functions and volunteer when needed
- Maintain a minimum of a 2.0 GPA during middle school/high school (GPA verification may be requested at any time)
- No guest play with competing teams outside of the club

_____ Initial

I fully understand and agree that should City SC award me financial aid under the terms of this agreement I may be required to volunteer up to 10 hours of work for the club.

_____ Initial

I fully understand that Financial Aid grants vary and will cover a maximum of 50% of registration fees after the deposit is paid and that financial aid does not cover team fees, tournament fees or uniform costs.

_____ Initial

As the parent or legal guardian of the below named City SC financial aid applicant, I fully understand and agree to all terms, conditions and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions, shall result in the forfeiture of any financial aid awards, regardless of them being classified as earned or unearned.

Signature of Parent / Legal Guardian of Applicant (Date)

Printed Name of Parent/Guardian

Printed Name of Financial Aid Applicant/Player

City SC Use Only

Recommendation by: _____

Recommended _____

Not Recommended _____

City SC Committee - Date _____