



Team Fee Agreement

As parent or legal guardian of _____ (player name), I agree to pay all team fees for the **2017-2018 soccer season** which are estimated at \$ _____ per player (for leagues, tournaments, etc.) for the **Sporting STL SC - (Insert Team name, Coaches Name & Team Birth Year) team.** I understand that I am responsible for payment of these fees in full even if I choose at my own will to have my child transfer to another team or another soccer Club for any reason.

Should I choose to leave the team and have not paid for these team fees in full, I understand that Sporting STL SC will not approve the release of my child to play for another team. This information will be communicated to the Missouri Youth Soccer Association accordingly in accordance with the MYSA/ Gotsoccer player release/ transfer process.

Printed Parent Name: _____

Parent Signature: _____

Date: _____

Coach / Manager Printed Name: _____

Coach/ Manager Signature: _____