

SPACE COAST UNITED SOCCER CLUB

REQUEST FOR REFUND /WITHDRAW

Competitive Program Recreational Program

Player's Name: _____

Parents' Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-Mail Address: _____

Reason for Refund/Withdraw Request:

SCUSC Refund/Withdraw Policy Competitive Program

Upon accepting a position on a Space Coast United Competitive Program team you are required to pay the full registration fees for the entire year, even if you leave the club prior to the end of the season. We do review exceptional cases for consideration of a refund. Examples may include season-ending injuries, family relocation of a distance that prohibits regular play with the Club, and other special or unusual circumstances. **NOTE:** Space Coast United SC will only consider a refund if a player is injured while participating in a Space Coast United SC sanctioned practice, game, or activity resulting in the player's inability to complete the remainder of the soccer year. No refunds will be given in the event such injury occurs in the final 2 months of the soccer year.

SCUSC Refund/Withdraw Policy Recreational Program

100% Refund of Registration Fees will be given for requests received through the end of Regular Registration (12:00pm on the last advertised day of regular registration).

50% Refund of Registration Fees will be given for requests received after the last day of Regular Registration and before Team Selection. Team selection is usually done within 7-10 days of the last day of Regular Registration.

0% Refund will be given for requests received after team selections have been completed.

If a player is forced to withdraw after the start of the season due to injury or medical condition, the player may be entitled to a refund. All refund requests must be accompanied by a note from the physician treating the player. The physician's note must include the following information:

- Date
- Player's name
- Reason player is not allowed to participate
- How long the player is not allowed to participate
- Physician name and phone number

Once the required documentation is received, a determination will be made on a case-by-case basis as to the amount of the refund. All competitive program refunds are subject to a non-refundable amount based on the program, typically 20% of the total registration fee.

By signing below, I acknowledge that I may not receive a refund for the full amount paid and that all refund amounts will be based on the guidelines set forth in the SCUSC Refund Policy.

Parent Signature: _____ Date: _____

FOR CLUB USE ONLY:

Date Received: _____ Date Notification Sent: _____ Method of Notification: _____
Amount of Refund: \$ _____ Refund Method (Check/Credit Card Refund): _____
