

**BRAZILIAN SOCCER TRAINING CENTER, INC.**  
**AFTER SCHOOL SOCCER PROGRAM REGISTRATION**

Price Per Season \$380.00 (uniforms included)

- FALL: Aug 2019- Nov 2019
- WINTER: Nov 2019 - Mar 2020
- SPRING: Feb 2020- May 2020
- SUMMER: Jun 2020 - August 2020



**FLORIDA  
YOUTH  
SOCCER  
ASSOCIATION**



**President João Moraes**

Child Name: \_\_\_\_\_ School Attending: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Opt. in for text messaging service Service Provider: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**PARENTAL RELEASE**

I hereby certify that \_\_\_\_\_ is in normal health and capable of participating in the soccer program. I am aware the goals and the objectives of BRAZILIAN SOCCER TRAINING CENTER (BSTC), INC. and sports program based on fun, fair play, and skills development. I'm aware that BSTC, INC., only carries a secondary health insurance bears primary responsibility. I also understand the BSTC, INC. retains the right to use, for publicity and advertising purpose photographs of players taken at the school or any event by BSTC, INC.

*NOTE: No refunds after the first schedule week of practice*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

**PAYMENT INFORMATION**

**Payment can be made by any major credit card or by check only to Brazilian Soccer Training Center.**

Check # : \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Master Card ( ) Visa ( ) AMEX ( )

I authorize BSTC to charge my CC the amount of \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

**FILL OUT REGISTRATION FORM and EMAIL TO Brazilian Soccer Training Center**

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