



Participant Name: _____

Division: Football Cheer
 Flag MM JPW PW JM M

2008 SEASON REFUND POLICY

Following the end of the conditioning period, requests for refunds will only be considered for **MEDICAL REASONS**. A letter written by your physician and/or a signed **PHYSICIAN'S STATEMENT** must accompany the Refund Request letter. The physician's contact phone number should be clearly accessible on any documentation provided.

Refunds shall be are pro-rated as follows:

- Prior to and through Friday, August 8, 2008: 100% of registration fee, less the \$50.00 Administration Fee*
- August 11, 2008 through the end of the conditioning period: 75% of the registration fee, less \$50.00 administration fee*
- First month of regular season: 50% of registration fee, less \$50.00 Administration Fee*

PLEASE NOTE THAT NO REFUNDS WILL BE MADE **FOR ANY REASON** AFTER THE START OF THE 4TH GAME OF THE REGULAR SEASON.

THERE IS ABSOLUTLEY NO REFUND ON CHEER UNIFORMS.

REFUNDS WILL BE PROCESSED WITH 4 WEEKS AFTER SUBMISSION.

Date of Submission shall be determined as to date received by the Treasurer.

*Administrative fees are required for any one of the following reasons:

- a. Notification of Non-Participation received AFTER the 5th day of conditioning, preventing the sign-up of a child on the wait list, resulting in loss of revenue benefits to the Association members.
- b. Additional document preparation, processing, handling, securing, and notification;
- c. Additional Insurance and Assessment by San Diego Youth Football and Cheer Conference; and
- d. Purchase of additional football uniform individually sized for that particular player.

This signed copy is to be given to the Treasurer for record keeping purposes.

Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Address to send refund: _____