

Please read carefully and sign:

Registration Contract

I have read and fully understand all codes, rules, policies and expectations involved in All Ohio Shine. I understand that I am entering into this All Star program of my own free will. I understand what is expected of me as a parent and as an all star athlete. I will conduct myself in a sportsmanlike manner and uphold the standards that are expected of me as an All Ohio Shine athlete/parent.

Parental Signature

_____/_____/2009

2009-10 Team placements: _____

Financial Contract

I, the undersigned parent/guardian, certify that I understand that All Ohio Shine is a **9** month financial commitment and will participate as a member of All Ohio Shine for the entire season. In the event that I choose to leave the program, I acknowledge that I will be charged a \$350 cancellation fee and must give 45 days advance notice in writing (exception relocation or season ending injury). Full tuitions must be paid for the remaining two months before you leave. I agree to a monthly tuition payment due on the 25th of each month. I understand that if the payment has not been received by the 30th of the month, my account will be charged a \$25.00 late fee. NSF checks will be charged a \$30.00 fee; and then personal checks will not be accepted for the remainder of the season. I understand that PayPal payments are charged a 3% service fee on the total amount being paid.

Parent Signature

_____/_____/2009

Witness Signature (*Nikki Vanderkooi*)

_____/_____/2009

I, the undersigned parent/guardian, certify that I understand that All Ohio Shine is a **12** month financial commitment and will participate as a member of All Ohio Shine for the entire season. In the event that I choose to leave the program, I acknowledge that I will be charged a \$350 cancellation fee and must give 45 days advance notice in writing (exception relocation or season ending injury). Full tuitions must be paid for the remaining two months before you leave. I agree to a monthly tuition payment due on the first of each month. I understand that if the payment has not been received by the 25th of the month, my account will be charged a \$25.00 late fee. NSF checks will be charged a \$30.00 fee; and then personal checks will not be accepted for the remainder of the season. I understand that PayPal payments are charged a 3% service fee on the total amount being paid.

Parent Signature

_____/_____/2009

Witness Signature (*Nikki Vanderkooi*)

_____/_____/2009

Personalized payment information for _____

Registration _____ Monthly Tuition _____ Other _____