



Academy Registration Form

Player Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Session Date: _____

Portland Futsal Academy Registration & Payment Policy

All parents who are registering their children for Portland Futsal Skills Academies are required to sign this financial agreement and pay by the date of the first Academy session. Should you withdraw your child after signing this registration form, you will still be charged the full Academy fee for that particular session.

I understand and agree to comply with Portland Futsal's Registration & Payment Policy.

Signature: _____ **Date:** _____

Please send completed registration form with signature acknowledging Portland Futsal's Registration & Payment Policy and check payable to Portland Futsal:

Portland Futsal
Attn: Paul Lomanto
2503 SE 49th Ave
Portland, OR 97206