



City SC

City SC is a 501 c.3 non-profit organization
PO Box 212842
Chula Vista, CA 91921

Request for Refund Form - Competitive

Player:	Team:	Date:
Check Payable to:		
Mailing address:		
City:		
State/Zip:		
Email address:		
Contact number:		

Reason for Refund: *Season Ending Injury – Date of Injury _____

*For Season Ending Injury, please include a doctor note

Moving out of San Diego County (attach documentation)

City SC Competitive Refund Policy

City SC’s competitive program has a stringent refund policy because a player’s acceptance has the effect of denying another player an opportunity to play on a competitive team. Additionally, costs accrue to the Club for services provided to the team based on player headcount. Accordingly, fees are not refundable and not transferable. Fees for participation in the club cover the entire soccer year. A player who accepts an invitation to play with the Club commits to pay the entire fee for the full soccer year. No refunds, partial or full, will be made to players who choose not to participate at any point after registration for any reason, including players suspended from the program.

The only exceptions are:

- (1) In the event that a player has a season ending injury, the board may consider a partial refund after review of records provided by the treating physician or facility

*Players receiving a refund for a season ending injury will not be allowed to return until the season is complete (end of State/Nat Cup)

- (2) For families that move during the season. The board may consider a partial refund in these circumstances on a case by case basis

Please attach all documentation to this form and email to: karen@cityscchulavista.com or mail to:

City SC
PO Box 212842
Chula Vista, CA 91921

Club Use Only
Approved by: _____
Account:

Attn: Refunds