

Financial Aid Agreement

Please read the following terms and conditions carefully and sign the agreement below

I, _____, as parent or legal guardian of applicant player, attest and hereby
(Printed name of parent / legal guardian)
hold true that all of the information I have provided on this application for financial aid is true and accurate.

I fully understand and agree that should LA Galaxy San Diego award me financial aid under the terms of this agreement, the receiving team player agrees to:

- Attend all practices and games
- Represent the club in a positive and responsible manner
- Participate in team & club functions and volunteer when needed

I fully understand and agree that should LA Galaxy San Diego award me financial aid under the terms of this agreement I may be required to volunteer up to 10 hours of work for the club.

I fully understand that Financial Aid grants vary and will cover a maximum of 50% of registration fees after the deposit is paid and that financial aid does not cover team fees, tournament fees or uniform costs.

In addition, I fully understand and agree that should LA Galaxy San Diego award me financial aid under the terms of this agreement, once the award is deemed to be earned, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with LA Galaxy San Diego throughout the respective season. A season includes post-season play up to and including the various Cal South State Cup tournaments.

I fully understand and agree that should the above named applicant leave or become unregistered with LA Galaxy San Diego, for any reason whatsoever, prior to playing in State Cup, that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of all remaining fees due to LA Galaxy San Diego immediately.

As the parent or legal guardian of the below named LA Galaxy San Diego financial aid applicant, I fully understand and agree to all terms, conditions and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions, shall result in the forfeiture of any financial aid awards, regardless of them being classified as earned or unearned.

Signature of Parent / Legal Guardian of Applicant (Date)

Printed Name of Parent/Guardian

Printed Name of Financial Aid Applicant/Player

LA Galaxy SD Use Only

Recommendation by: _____

Recommended _____

Not Recommended _____

LA Galaxy SD Committee - Date _____