



LA Galaxy San Diego

LAGSD is a 501 c.3 non-profit organization
5375 Avenida Encinas, Suite C
Carlsbad, CA 92008

SAN DIEGO

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)

LA Galaxy San Diego Competitive Refund Policy

LA Galaxy San Diego’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
- (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@lagalaxysd.com or mail to:

LA Galaxy San Diego
5375 Avenida Encinas, Suite C,
Carlsbad, CA 92008
Attn: Refunds

Club Use Only
Approved by: _____
Account: _____
Class: _____
Date: _____