

Piedmont Triad Football Club

Dues Waiver Policies

Dues Waiver policies are intended and offered to assist families in the case of season-ending injury only. They do not apply to a player resigning from a team under any circumstances or a change in family financial well-being. The percentage of dues waived are based on the total number of league games the player's primary team has played within the club season (Fall and/or Spring depending on age group) at the time of injury. If the injury occurs during a league game, that game is counted as a game played.

Full: \$150 Non-Refundable cost. Applies to any physical injury incurred by the player, soccer related or otherwise, regardless of where or how the injury occurred.

Partial: \$50 Non-Refundable cost. Applies to a physical injury sustained by the player only while training or playing soccer during a PTFC sanctioned event (team training/practice, agility and technical skills sessions, team league and tournament games)

Decline: \$0 cost. Declining to participate in a Dues Waiver policy affirms the player and their family accept full responsibility for paying their club dues, in their entirety, including in the event an injury prevents the player from participating in and/or completing the club season and/or any associated activities.

Half Year Teams (U15 and older) *			
League Games Played by Team at Time of Injury	% of Club Dues Waived	Example of Dues Waived	Example of Dues Paid
0 - 2	75%	\$750.00	\$250.00
3 - 5	40%	\$400.00	\$600.00
6 - 8	10%	\$100.00	\$900.00
9 or more	0%	\$0.00	\$1,000.00

* Dues waiver example based on team dues of \$1,000.00

Full Year Teams (U11 - U14) *			
League Games Played by Team at Time of Injury	% of Club Dues Waived	Example of Dues Waived	Example of Dues Paid
0 - 4	75%	\$900.00	\$300.00
5 - 7	40%	\$480.00	\$720.00
8 - 12	15%	\$180.00	\$1,020.00
13 - 15	10%	\$120.00	\$1,080.00
16 or more	0%	\$0.00	\$1,200.00

* Dues waiver example based on team dues of \$1,200.00

All of the following criteria have to be met for a PTFC Dues Waiver Policy to be enacted:

- 1) The player's account has to be paid up-to-date at the time of the injury.
- 2) Signed documentation of the physical injury has to be provided by a medical doctor stating the player can no longer participate with their PTFC team for the duration of the club season.
- 3) The request for dues to be waived must be made within 30 days of the injury and within 10 days of the medical determination the injury is season-ending.

Please initial your selection below:

I accept the **FULL** PTFC Dues Waiver for the 2017-2018 season.

I accept the **PARTIAL** PTFC Dues Waiver for the 2017-2018 season.

I decline all **PTFC Dues Waivers** for the 2017-2018 season.

Player's Name _____

Assigned Team _____

Parent's Name _____

Parent's Signature _____

Date _____