



Carlsbad Wave F.C. Refund Policy

Fall Recreational Soccer Refund Policy

From date of registration through Opening Day: full refund less a \$25 processing fee per player. If player is leaving Wave recreational soccer to play competitive soccer for another club: no refund. Player must return jersey and shorts to coach. After Opening Day: 0% refund.

Spring Recreational Soccer Session Refund Policy

From date of registration through first clinic day: full refund less a \$25 processing fee per player. If player is leaving Wave to play competitive soccer for another club: no refund. After first clinic day: 0% refund.

Competitive Soccer Refund Policy

Please note: All CWFC players must turn in their Home and Away jerseys before leaving a CWFC competitive soccer team.

From the day you turn in your registration paperwork and payment through June 30th: Full Refund less a \$250 processing and kit fee (socks, shorts and practice shirts). July 1 through Competitive Team Roster Freeze Date (mid August): 50% Refund. Roster Freeze Date or Later: 0% Refund If player is leaving CWFC to play competitive soccer for another club: no refund.

These policies apply to all players unless withdrawal from CWFC is due to illness, injury or coach's recommendation (with the approval of the Carlsbad Wave Board). The CWFC Board will make decisions on refunds on a case by case basis. All players requesting a refund must complete the REGISTRATION REFUND FORM available on the website at www.carlsbadsoccer.org or by email request from info@carlsbadwavefc.com and submit it to the Carlsbad Wave Board for individual consideration within the prescribed time period or they cannot be accepted or considered. Please allow 30 days for processing.

Please send the Registration Refund Form to:
Carlsbad Wave Soccer – Refund Request
P.O. Box 71 Carlsbad, CA 92018



Carlsbad Wave F.C. Registration Refund Form

Reason for request:

Disinterest or dissatisfaction	
Moving out of area	
Health issues	
Wishes to play in another league	

Other reason: _____

Player Information:

First Name:	Last Name:
Birth Date:	Season:
Team (if known):	Coach (if known):
Date Player left the team:	Did you turn in your uniform?

Parent Information (person requesting the refund):

First Name:	Last Name:
Street:	City: State: Zip:
Phone #:	Date of Refund Request:
Check Number, Cash or Credit Card used for Registration:	
Amount Paid:	

Return this form via email to info@carlsbadwavefc.com or mail into our P.O. Box:
 Carlsbad Wave Soccer
 P.O. Box 71
 Carlsbad, CA 92018

NOTICE: Refunds are not guaranteed, and those given are subject to certain withholding of fees and costs. Please review the currently published Registration Refund Policy at www.carlsbadwavefc.com or email, phone, or write to the league to request a copy. Please allow 30 days for processing.

Office Use Only:

Check # used for refund:	Refund Date:	Refund Amount:
Comments:		