



Rush Wisconsin

Refund Policy
Revised 03/11/2022

Rush Competitive Refund Policy

Refunds for soccer programs, camps, or leagues can be made if requested in writing to the Wisconsin Rush office. Please fill out the form below and return it to the Club Administrator. You will be notified by email once we have reached a decision. All decisions made are final.

If approved, payment will be refunded on Demosphere through your account. Payment may take 4-6 business days for processing if approved for refund.

Partial refunds for competitive players may be made upon receipt of a written request by the parent or guardian of a player unable to finish the remainder of the season or session due to an extensive injury, move out of the area, or a long term illness. The written request for refund must include a doctor's note for verification of the extensive injury or illness or a statement by the doctor that the player cannot play soccer. Refunds for injury will be prorated in accordance with the number of weeks that the player could not participate against the number of weeks in the season/session.

Requests will **not** be considered for such reasons as or similar to: child does not like soccer, child has chosen to play another sport, child does not like their team, or the child does not like their coach, etc.

If requesting a refund before the season begins for reasons such as: child wants to play with another club, child changed their mind, etc, the deposit of \$100.00 will not be refunded, per the disclaimer on the registration site in step 2.4 acknowledging that upon completion of registration and payment, the required \$100.00 deposit is nonrefundable.

Recreation Program (YDA) Refund Policy

Refunds for soccer programs, camps, or leagues can be made if requested in writing to the Wisconsin Rush office. Please fill out the form below and return it to the Club Administrator. You will be notified by email once we have reached a decision. All decisions made are final.

If approved, payment will be refunded on Demosphere through your account. Payment may take 4-6 business days for processing if approved for refund.

Partial refunds for recreation players may be made upon receipt of a written request by the parent or guardian of a player unable to finish the remainder of the season or session due to an extensive injury, move out of the area, or a long term illness. The written request for refund must include a doctor's note for verification of the extensive injury or illness or a statement by the doctor that the player cannot play



soccer. Refunds for injury will be prorated in accordance with the number of weeks that the player could not participate against the number of weeks in the season/session.

Requests will **not** be considered for such reasons as or similar to: child does not like soccer, child has chosen to play another sport, child does not like their team, or the child does not like their coach, etc.

If requesting a refund before the season begins for reasons such as: child wants to play with another club, child changed their mind, etc, an administrative charge of \$20.00 will be deducted from your refund.

Fill out the form below and submit to the Rush WI office if you would like to request a reimbursement that may qualify for a refund. Forms can be sent via email to annie@rushsoccer.com or mailed to Rush Wisconsin at 2711 Allen Blvd, Suite B3, Middleton, WI 53562

Form is on the next page of this document.



Rush Wisconsin Soccer Club Refund Request Form

The Refund Request Form must be completed in its entirety before it will be reviewed. Any missing information may result in the inability to review cases and could cause delays in the review process. Please be sure to attach any additional information needed to make the form official such as a detailed medical note stating diagnosis of injury or extended illness or supporting documents for a move out of the area. Once completed and signed, this form can be mailed or emailed to Rush Wisconsin Soccer Club.

Player Name:
Player Team Name:
Parent Name(s):
Parent Email Address:
Reason for Refund Request:
Signature of Parent:
Date: