



Des Moines Menace Academy Player Registration Form

Mail to: 6400 Westown Pkwy
West Des Moines, IA 50266
FAX: 515-226-1595

For Office Use Only:
Date Received _____
B. Cert _____ Med Release _____
Player Photo _____
Amount Rec'd _____
Ck No. _____
Payment in Full _____
Monthly Plan _____

Player Information

Academy Team: U- _____ Female: _____ Male: _____
Last Name: _____ First Name: _____ MI: _____
Date of Birth ____/____/____ School: _____ Grade: _____
New to club: Yes ___ No ___
If new attach: 2 photocopies of State-issued birth certificate, 2 small photos, medical release form, youth participation waiver. If returning you will need only the medical release and 2 small photos.

Family Information

Address: (primary) _____
City: _____ State: Iowa Zip: _____
Phone: _____
Primary Email: _____ @ _____
2nd Email (optional): _____ @ _____
Mother's Name: _____ Wk #: _____ Cell #: _____
Father's Name: _____ Wk #: _____ Cell #: _____
Mothers month and date of birth ____/____

Payment Information

Credit Card Type: VISA _____ MC _____ AE _____ Discover _____
Credit Card Number: _____ Exp: ____/____
Credit card will not be charged without authorization. Card number is kept on file for various charges such as academy payments or to book hotel rooms when away at tournaments.

Volunteer Information

Many volunteers are needed throughout the year and we depend on volunteers. Please check all that would be of interest to you.

_____ Team Manager	_____ Team Treasurer
_____ Fundraising/Promotions	_____ Refereeing
_____ Just for Girls Tournament	_____ Menace Invitational Tournament

Photo Waiver

The Des Moines Menace Soccer club is able to publish photographs or likenesses for use in the website, brochures or others without written consent unless the parent/guardian provides the club with written notification that they object to this policy. The written notification must be submitted along with the registration form and must include the player's name and addresses.