



# Des Moines Menace Soccer Club

2008 PDL Tryout Registration Form  
March 22<sup>nd</sup> and April 5<sup>th</sup> from 9am-3pm  
Registration from 8am-9am

### FOR OFFICE USE ONLY

Postmark Date \_\_\_\_\_

Player# \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

- US Citizen
- Foreigner
- Overage
- U23
- U19

**Must be mailed to:** PDL Tryouts, 6400 Westown Parkway, WDM, IA 50266

Or to apply online go to [www.menacesoccer.com](http://www.menacesoccer.com)

**Application Fee: \$50 for each session** (payable to Des Moines Menace)

**Location: Valley Stadium:** (Coming from the North/East/West - take I-80 West to I-35 South to Mills Civic Parkway exit. Go East (Left) on Mills Civic Parkway (4 blocks) to stadium.

**PLAYER INFORMATION:** *(A separate form is required for each player)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Current Playing Status(amateur/pro) : \_\_\_\_\_

Last Club Played For: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Position: \_\_\_\_\_

Please check which try out date you plan to attend. You do not need to attend both.  
 \_\_\_\_\_ March 22, 2008 or \_\_\_\_\_ April 5, 2008

#### RELEASE AND HOLD HARMLESS

Adult participant, parent or legal guardian of youth player, must read this waiver form. Signature on this form signifies that they have read, understand and abide by this information. There are risks associated with the participation in the above named program and its related activities. I release and hold harmless Soccer West Soccer Club, F.C. Des Moines LC, and any and all of its affiliates, corporate sponsors, players, coaches, owners, directors, employees, and volunteers, from all action, suits, and demands and costs whatsoever in law including reasonable attorneys fees and costs or equity including but not limited to the risk of injuries from participating in any program on the above named premises and to the risk of loss of personal property by theft or otherwise.

The undersigned have read and understands that he/she has given up substantial rights by signing it and signs voluntarily. I hereby certify that I am in good health and am able to participate in all activities, and any medical deficiencies have been noted below. If any attention is required for illness or injury, I'll give my consent to have an athletic trainer, medical doctor, nurse, hospital or clinic provide me with medical assistance and or treatment, and agree to be responsible financially for the cost of such assistance and or treatment.

Player's Name (print) \_\_\_\_\_

Player's Allergies &/or Medical Conditions: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if player is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### General Information:

1. Players will be checked in on Saturday morning between 8 and 9 AM prior to each tryout
2. Tryouts will be conducted from 9 AM to 3 PM
3. Lunch will be provided
4. If you need hotel accommodations, you can contact the Sheraton West Des Moines at 515.457.2102 and tell them that you are attending the Des Moines Menace tryout to receive the Menace rate.

**FOR MORE INFORMATION, VISIT OUR WEBSITE AT [WWW.MENACESOCCER.COM](http://WWW.MENACESOCCER.COM) OR CALL 515-457-6365**