



Des Moines Menace Academy Player Registration Form

Academy Team _____

****Mother's month and date of birth** ____ / ____

PLAYER INFORMATION

Date of Birth ____ / ____ / ____

Gender ____ Male ____ Female

Last Name _____ First Name _____ MI _____

School _____ Grade _____ Is player new to the club? ____yes ____no

Player Email _____ Player Cell Phone _____

FAMILY INFORMATION

Address (primary) _____

City _____ State Iowa Zip _____

Primary Email _____

Secondary Email _____

Home Phone _____

Mother's Name _____ Cell# _____ Work# _____

Father's Name _____ Cell# _____ Work# _____

PREFERRED CONTACT METHOD

Please select all methods of contact you would prefer.

_____ Email* _____ Text _____ Phone Call _____ Mail

**The club will primarily use email to communicate.*

VOLUNTEER INFORMATION

We rely on the time and energy of our great Academy families to help volunteer at various events and activities throughout the year. We understand that your time is valuable so we are offering two options for the 2011-12 year.

_____ Option 1: Volunteer 3 Hours (per child)

_____ Option 2: \$30 Opt-out Fee

Volunteer Activities you would prefer if you chose Option 1

_____ Team Manager/Treasurer

_____ Refereeing (must be certified)

_____ Fundraising/Promotions

_____ Tournaments

_____ Field Management

_____ Utility



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the **SOCCER** activity (Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of **SOCCER** Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) **SOCCER** ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **FC DES MOINES LC (Des Moines Menace Soccer Foundation)**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF **SOCCER** ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.



Des Moines Menace Academy Agreement Form

By signing below, I (parent/guardian) agree to the following:

PAYMENT POLICY

I understand we must pay using one of the payment options specified for Menace Academy fees. I understand we will incur any additional finance charges for bad checks or insufficient funds, along with late penalties the Menace may assess. Full payment of Academy dues is expected regardless of payment options and player status. I understand my child's player card will not be issued until at a minimum a payment deposit and direct deposit form are received by the club. If payment is not current, I understand that my child's player card may be suspended or pulled until my balance is resolved.

PHOTO WAIVER

The Des Moines Menace Academy is able to publish photographs or likenesses for use on the website, brochures or other materials 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 include the player's name and address.

CODES OF CONDUCT

I have read and agree to follow the Player and Parent Codes of Conduct put forth by the Des Moines Menace and Iowa Soccer Association.

LIABILITY WAIVER

I have read and agree to the Menace Academy liability waiver.

VOLUNTEER POLICY

I understand that I am required to be available to volunteer 3 hours of time at various Menace functions or that I need to opt-out by paying a \$30 volunteer fee.

I, the undersigned parent or guardian, acknowledge that I have read, understand, and agree to abide to these policies. We also agree to accept actions taken for failure to abide by these guidelines.

Parent/Guardian Signature _____

Date _____