

Menace Academy Acceptance Letter  
(Must be returned in order to start participation with the Des Moines Menace)

Please allow this form to serve as my acceptance to the \_\_\_\_\_ team.

By signing this I understand I must pay using one of the payment options specified above to pay for Menace Academy fees. I agree to abide by the player code of conduct put forth by the Iowa Soccer Association and the Des Moines Menace. I will represent the Menace Academy in the best of our ability and demonstrate good sportsmanship on and off the field.

As a registered player I am responsible for:

- a) volunteering 3 hours of my time at various Menace functions (ie: tournaments, field days, etc.)
- b) full payment of Academy dues regardless of payment options and player status
- c) representing the Menace organization in a professional and positive manner
- d) following the Menace Code of Conduct

By signing this I fully understand that if for any reason I choose not continue the entire soccer calendar year with the Menace I am still financially responsible for fees in their entirety.

\_\_\_\_\_  
*Print Player Name*

\_\_\_\_\_  
*Print Parent Name*

\_\_\_\_\_  
*Player Signature*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*