



2006 D.C. UNITED SOCCER ACADEMY REGISTRATION FORM

Player's Name _____
 Gender: Male _____ Female _____
 Preferred Position: GK _____ D _____ M _____ F _____
 Date of Birth _____ Age _____
 Address _____
 Town/City _____
 State _____ Zip _____
 School _____
 Club _____ ODP _____

Insurance Carrier _____
 Policy # _____
 Mother's Name (s) _____
 Father's Name (s) _____
 Guardian's Name (s) _____
 Home phone(_____) _____
 Work phone(_____) _____
 Cell phone(_____) _____
 Email _____

Please send payment to:
 D.C. United Soccer Academy
 RFK Stadium
 2400 East Capitol Street, S.E.
 Washington, D.C. 20003
 Phone # (202) 587-5468
 Fax # (202) 587-5400

Amount to be charged: \$ _____

Credit Card: Mastercard _____ Visa _____
 (circle one) AMEX _____ Discover _____

Name on the Credit Card _____

Credit card # _____

Expiration Date _____

Check here if you will require childcare documentation for tax purposes

Registration policy: A non-refundable deposit of \$50 will reserve a place in any Academy. Full Payment is due 2 weeks prior to the Academy start date. Cancellation requests made more than 2 weeks prior will receive a full refund minus the \$50 cancellation fee. Any cancellation request made less than two weeks before the start date will receive a full refund minus a \$75 cancellation fee. All cancellations must be made by E-mail at: dcuacademy@dcunited.com

PLEASE CHECK:

2006 D.C. United Academy Schedule

		Regular	Team	Family
June 26-30	Lansdowne Sportsplex, Leesburg, VA	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
July 3, 5-7	Elite I, D.C. United Training Complex	<input type="checkbox"/> \$275	<input type="checkbox"/> \$265	<input type="checkbox"/> \$265
July 10-14	Bryantown Sports Complex, Bryantown, MD	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
July 10-14	Maryland SoccerPlex, Boyds, MD	<input type="checkbox"/> \$245	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
July 17-21	Sherando Park, Stephens City, VA	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
July 17-21	Word Of Grace Center, Chantilly, VA	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
July 24-28	Trinity University, Washington, D.C.	<input type="checkbox"/> \$165	<input type="checkbox"/> \$155	<input type="checkbox"/> \$155
July 24-28	Arundel High School, Gambrills, MD	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
July 31-Aug 4	Maryland SoccerPlex, Boyds, MD	<input type="checkbox"/> \$245	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
July 31-Aug 4	Dixon Street Park, Fredericksburg, VA	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Aug 7-10	Elite II, D.C. United Training Complex	<input type="checkbox"/> \$160	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Aug 14-18	E.C. Lawrence Park, Centreville, VA	<input type="checkbox"/> \$275	<input type="checkbox"/> \$265	<input type="checkbox"/> \$265

Please note: 2 or more campers from the same family will receive a \$10 discount per player
 7 or more players from the same team will receive a \$10 discount per player.

Name of Family Member (required for family discount) _____

Team Name (required for team discount) _____

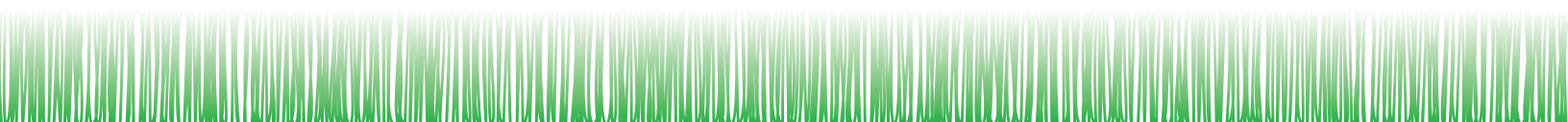
How did you hear about our Academy program? _____

Please circle shirt size: Youth: M L Adult: S M L XL

Please circle ball size: 4 5

****REMEMBER, YOU MUST ALSO SIGN A WAIVER AND RELEASE TO COMPLETE YOUR REGISTRATION****

OFFICE USE ONLY: Deposit _____ Balance _____ Paid in Full _____



GENERAL RELEASE AND WAIVER OF LIABILITY - D.C. UNITED SOCCER ACADEMY

In connection with Participant's involvement in D.C. United Soccer Academy, Participant, or if Participant is under 18, the Participant's parent or legal guardian, hereby certifies, warrants, represents, agrees and covenants to the Anschutz D.C. Soccer, LLC, AEG, Major League Soccer, L.L.C. and any of the respective Event sponsors or promoters (individually and collectively, together with their respective affiliates, officers, employees, partners, shareholders, members, sponsors, contractors, agents, successors and assigns, the "Organizers") that the Participant is:

(1) FREE OF ANY MENTAL OR PHYSICAL CONDITION, AILMENT OR INJURY (MEDICAL OR OTHERWISE) WHICH WOULD, IN AND OF ITSELF OR IN CONJUNCTION WITH ANY OTHER CIRCUMSTANCE, (i) IMPAIR, PREVENT OR PROHIBIT PARTICIPANT FROM ENGAGING IN SUCH EVENT ACTIVITIES OR (ii) BE AFFECTED, AGGRAVATED OR WORSEN IN ANY WAY AS A RESULT, DIRECTLY OR INDIRECTLY, BY PARTICIPANT'S INVOLVEMENT IN SUCH EVENT; and

(2) OF SOUND MIND AND BODY AND NOT UNDER THE INFLUENCE OF ALCOHOL OR ANY ILLICIT OR PRESCRIPTION DRUG OR MEDICATION WHICH MAY IN ANY WAY IMPAIR PARTICIPANT'S ABILITY TO ENTER INTO THIS AGREEMENT, FULLY UNDERSTAND THE RESPECTIVE INTENT AND MEANING OF ALL OF THE TERMS AND PROVISIONS HEREOF AND TO PARTICIPATE IN THE EVENT;

PARTICIPANT EXPRESSLY AND UNCONDITIONALLY ASSUMES ALL RISKS AND DANGERS KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, AND RELATING OR INCIDENTAL TO PARTICIPANT'S INVOLVEMENT IN THE EVENT AND ANY ACTIVITY ASSOCIATED THEREWITH. PARTICIPANT HEREBY RELEASES, FOREVER DISCHARGES AND HOLDS HARMLESS THE ORGANIZERS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES ARISING OUT OF OR RELATING TO PARTICIPANT'S INVOLVEMENT IN THE EVENT AND ALL ACTIVITIES ASSOCIATED THEREWITH.

I hereby give my consent to have Anschutz D.C. Soccer, LLC dba "D.C. United," its athletic trainer(s) and/or a doctor of medicine or dentistry render to my child any and all aid, medical assistance and/or treatment deemed reasonably necessary to the health and well-being of my child. I agree to be financially responsible for the costs of such aid, assistance and/or treatment. I understand that the D.C. United Academy does not provide any medical insurance for each participant/camper and that I, as the parent and/or legal guardian, am responsible for any medical or health insurance and/or medically-related costs associated with any medical and/or surgical treatment rendered to my child.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Child's Name: _____

Academy Location and Dates attending: _____

Person to contact (other than parents/guardian) in case of emergency:

Name: _____ Phone: _____

Does your child suffer from asthma? _____

Does your child wear contact lenses? _____

List any medical conditions/allergies of the child: _____

List any recent injuries that have occurred in the last 6 months: _____

List any medication the child takes on a regular basis: _____

**Please photocopy your insurance card here:

