

**2005 DC UNITED SOCCER ACADEMY
REGISTRATION FORM**

Camper Name _____
Date of Birth _____ Age _____
Address _____
City _____
State _____ Zip _____
Insurance Carrier _____
Policy # _____
Name of Parent/Guardian: _____
Home phone(_____) _____
Work phone(_____) _____
Cell phone(_____) _____
Email _____

Please send deposit or full payment to:

D.C. United Soccer Academy
RFK Stadium
2400 East Capitol Street, S.E.
Washington, D.C. 20003

Make checks payable to: D.C. United Soccer Academy

Or pay by: Mastercard Visa AMEX Discover

Name on the Credit Card _____

Credit card # _____

Expiration Date _____

Fax # (202) 587-5400

Check here if you will require childcare documentation for tax purposes

Please check:

Full Day Fee	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225 Family Fee
Half Day Fee	<input type="checkbox"/> \$155	<input type="checkbox"/> \$145 Family Fee
High School Fee	<input type="checkbox"/> \$165	<input type="checkbox"/> \$145 Family Fee
Elite Academy Fee	<input type="checkbox"/> \$275	<input type="checkbox"/> \$255 Family Fee

Camp Location Attending _____

A non-refundable deposit of \$50 will reserve a place in the Academy. Full Payment due 2 weeks prior to the Academy start date.

Note: Two or more campers from same family receive \$20 discount per child for Full Day camps and \$10 discount per child for Half Day camps.

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

Please circle ball size: 4 5

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

VOLUNTARY WAIVER AND RELEASE AGREEMENT

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 ILICIT 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.

Signature: _____ Date: _____
Print name: _____
List any medical conditions/allergies of participant: _____
