

## 2021 Football Registration

<b>Player Information</b>						
Name:			Pho	ne:		
DOB:			Sex	(M or F) :		
Address:			City	:		
State/Province:			Zip (	Code:		
School Attending in fall 2	2019:		Gra	de in fall 2019:		
Parents						
Father/Guardian Name:	:		Mot	ner/Guardian Name:		
Cell Phone:			Cell Phone:			
E-mail:			E-mail:			
<b>Emergency Conta</b>	ct					
Name:						
Phone:						
Relationship to Child:						
Equipment Measu	rements					
Jersey size:			Pants:			
Shoulder Pads:			Pant Pads:			
Helmet:			T-Shirt Size:			
				I ama Intercepted in	1	
Division	Registration Fee	Total		I am Interested in volunteering:		
☐ Player 1	\$150			☐ Car Pool	☐ Breakfast/Team Meal Prep	
	Paid			Concession Stand	Post-game support	
Media Release				☐ Fundraising	<u></u>	
I give permission to use my child's images and video footage from games and practice for promotional use by the			☐ Snacks for			
team on the various social media and web platforms				games/practices		
give my approval to participation in football m hereby waive, release, ab board members, participathat I am responsible for a end of the season or the e	cipate in any and all Clu nay result in serious injurie osolve, indemnify, and ag ants and persons transpo all equipment issued to mend of my child's time with	b activities, inclus, and protective gree to hold hare tring my child was child and will the the team. I all	uding e equ mless hethe be bil lso un	transportation to and fror ipment does not prevent Des Moines Elite Youth Clur result of negligence or folled for any equipment los derstand there are no refu	es Moines Venom team, hereby in the activities. I know that all injuries to players, and do ub, the organizers, sponsors, or any other cause. I understand t, stolen, or not returned at the inds after the first week of the code of conduct attached to this	
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