



Registration and Commitment Form
2010-2011 IYSA travel soccer season

Required Contact Information:

Birth Age Group _____

Candidate's Name _____ D.O.B _____
Street Address _____ City _____ State _____ Zip _____
Home Ph _____ Cell Ph _____ e-mail _____

Parent or Guardian Information

Mother's Name _____ Father's Name _____
**Mother's Birth Day: (mm/dd) _____ ** Alt Cell # _____
**High School (Fall 09) _____ Alt e-mail _____
** Medical Conditions _____

(**Mother's Birth Day for IYS registration code, HS for fall 2010, and Medical is REQUIRED)

Waiver and Release of Liability

By this application and participation in the Fort Wayne Fever Youth Academy, Inc. Try-Out and related activities, the undersigned agrees and acknowledges the minor child will be engaging in activities that involve risk of serious injury, permanent disability, social and economic losses, and death which may be a result of their own actions or the actions of others, negligence, negligence of others, the conditions of the premises, or the conditions of equipment used. The undersigned acknowledges there may be risks that are not known. The undersigned assumes all risks and accepts all responsibility for any damages following any injury, disability, or death. The undersigned hereby releases, waives, and agrees not to sue the Fort Wayne Fever Youth Academy, Inc. or any of its employees, directors, officers, coaches, volunteers, and administrators, or other participants, sponsors, owners and leasers of the premises used. The undersigned releases the Fort Wayne Fever Youth Academy, Inc. from all liability for any claims, demands, losses, damages caused from injury, including death, damage to property, caused or alleged to be caused.

I, the undersigned, have read and understand the above liability release and waiver of a minor and that I understand I forego substantial rights and do so voluntarily.

Candidate's Signature _____ Date _____
Parent's Signature _____ Date _____

Our Agreement

The Fever Academy is dedicated to provide the highest quality professional environment for soccer education, training, development, and competition to the undersigned soccer player for the 2010-2011 travel soccer season.

The undersigned has read, understands, and agrees to all terms and conditions of the Fever Academy program outline for their age group, requirements for training, the importance placed on soccer priorities, the importance of attending training and preparedness for competition events, the year long commitment made to the Fever Academy and his/her coaches and respective teammates, and the associated fees for the commitment period. Upon your acceptance to an offer to join the Fever Academy you will be registered as a Fever Academy player under IYSA sanctioning for the 2010-2011 travel soccer season. Upon notice you have been selected, a \$195.00 non-refundable deposit is due immediately. Players have the option of declining or confirming the seasonal commitment to the Fever Academy in response to the offer. The commitment to the Fever Academy and all associated fees included in the program outline will be considered a contractual agreement upon completion of this registration form and signing fee payment of \$195.

Fever Academy Player Name (Print): _____
Signed: _____ Date: _____
Parent/Guardian Name(s) (Print) _____ and _____
Signed: _____ Date: _____