





# CRESTVIEW SOCCER

## For Girls and Boys in 1st-6th Grade!

Learn the fundamentals of Soccer with community role model volunteers this spring!  
 If you're looking to strengthen your skills or want to play for the first time – this is the perfect opportunity for you.

**--- NO COST TO PARTICIPANTS! Simply show up with your best attitude! ---**

<p><b>PRACTICE DATES/TIMES</b></p> <p>Tuesdays and Thursdays          April 2 - May 2          5:30 - 7:00 p.m.</p> <p>** Additional date on May 4th from 9:30-11:30 a.m. is a final-day celebration at Hillside. **</p>	<p><b>LOCATION</b></p> <p>Crestview School of Inquiry          8355 Franklin Ave, Clive</p>  <p><b>CRESTVIEW</b>          SCHOOL OF INQUIRY</p>	<p><b>GUARANTEE YOUR SPOT</b></p> <p>Opportunity on Deck is moving towards an online registration process to help us better plan for each clinic we offer.</p> <p>We <b>STRONGLY</b> encourage you to complete the registration process to <b>GUARANTEE</b> your spot at the clinic.</p> <p>The link can be found at <a href="http://opportunityondeck.com">opportunityondeck.com</a>.</p> 
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**EXCITING NEW PARTNERSHIP** - Opportunity on Deck is excited to be partnering with the Child and Adult Care Food Program (CACFP) and Central Iowa Shelter and Services (CISS) to provide free boxed lunches for all participants at the end of each practice this season. As part of the reporting requirements, each week we will submit the name of each child that participates in the soccer program to our partners. If you have any questions about the partnership please email us at the email below.

<p><b>INVOLVEMENT GUIDELINE</b></p> <p>Please make your child aware that we will not tolerate any form of bullying, teasing, rough housing ... should this happen, we will pull the child out who is not being respectful and acting in the best interest of our sport. Our volunteers deserve an engaging experience, as do all players.</p>	<p><b>PARENT VOLUNTEERS NEEDED</b></p> <p>Your children love having you involved at this age and so do we. We need more volunteers and we hope you can be a part of our team. Come early – help us set up, stay late, help us tear down, help at a station, be a translator... anything you do helps us keep our costs down and increases our ability to offer more clinics.</p>	<p><b>THIS IS NOT A SCHOOL DISTRICT PUBLICATION</b></p> <p>It is being distributed through the school district as a community service to inform you of other community activities or services.</p>
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<p><b>FOLLOW US</b></p>
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<p>Twitter: @OppOnDeck</p>
<p><b>CONTACT US</b></p>
<p>Email: <a href="mailto:oodiowa@gmail.com">oodiowa@gmail.com</a></p>

Our clinics are made possible by the support of company grants, organization donations and many individual volunteer hours.



**The Andrew Giving Fund**  
*Share with God's people who are in need. Practice hospitality.*

# RELEASE AND PARENTAL / GUARDIAN CONSENT

Services are provided to those who wish to gain skill & enjoyment from sports. Out of respect for our volunteers & our participants, this is designed to be a safe & clean experience. Appropriate language, behaviors & clothing are expected. Children not exhibiting these behaviors will be removed from the clinic to sit out. Should this occur on numerous occasions, they may be removed from our league. Volunteers & sponsors will not be held responsible for any behaviors of participants, nor for watching the participants. Parents / Guardians are encouraged to stay & watch their participant, although not required, & must be on time for pick up. A phone number must be provided where parent / guardian could be reached in the event of an emergency.

**THIS IS AN APPLICATION FOR ENROLLMENT** in the Opportunity on Deck (OOD) Clinics for the participants listed below. I request that you accept the application for enrollment in the OOD Clinics.

**Medical Release:** I grant permission to the Clinic's director and volunteers of the Clinic to act on my behalf for the said minor in granting permission for evaluation and treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician.

**Hold Harmless:** In addition, I hereby release, indemnify and hold harmless OOD, its employees, representatives, agents, directors, officers, sponsors and volunteers, with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, from all claims, present or future, on account of any injuries which may be sustained by any of the participants listed below while attending OOD Clinics.

**Photography:** I grant to OOD, its representatives and employees the right to take photographs of the participants listed below in connection with their clinics. I authorize OOD, to copyright, use, and publish the same in print or electronically. I agree that OOD may use such photographs of the participants listed below with or without their name for any purpose, including for example such purposes as publicity, illustration, advertising, and web content.

**THIS RELEASE** shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be in force. This release shall be interpreted in accordance with and governed in all respects by the laws of the State of Iowa in Polk County, Iowa.

Participant Name(s)	Age	Grade	T-Shirt Size (circle one)							
			Youth		Adult					
			S	M	L	XL	S	M	L	XL
			S	M	L	XL	S	M	L	XL
			S	M	L	XL	S	M	L	XL

I HAVE READ this Release, and I fully understand its terms, and understand that I have given up legal rights by signing it, and I sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email Address

## Want to help Opportunity on Deck?

Please tell us where you work.

Some companies give donations or grants to organizations like OOD. Does your place of work have a donation/grant program? If so, may we can contact them? Share information below.

## Text Messages =====

Please check if applicable: I authorize Opportunity on Deck (OOD) to send **text messages** to my cell phone to convey practice information. I understand that standard text messaging rates will apply to any messages received from OOD. I also understand that I may revoke this permission in writing at any time. I agree not to hold OOD liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform OOD.