



Youth Flag Football Sign Up Waiver

Only parents, legal guardians, or persons 18 years of age or older can enter information for this program. If you are not at least 18 years old and you wish to register, you will need to have a parent or guardian fill in the following forms.

Participant Information

Participant's First Name

Participant's Last Name

Participant's Birthdate (MM/DD/YYYY)

Current School Grade

Address

City

State

ZIP

Gender

T-Shirt Size

Team Request (if any)

Friend Request (if any)

Requested Jersey Number

Are you currently part of a youth football or cheer program?

If yes, which program?

How Did you hear about Team Zone Athletics?

Parent/Guardian Information

Parent/Guardian First Name

Parent/Guardian Last Name

Relationship to Participant

Address

City

State

Zip

Parent/Guardian Contact Phone Number

Parent/Guardian Email Address

Medical Insurance Information

Insurance Holder (Name of Adult Carrying Insurance)

Relationship of Insurance Holder to Participant

Name Insurance Provider

Insurance Policy Number

Parental/Guardian Permission and Waiver

1. PERMISSION: I am the parent or legal guardian of **asdasda asdasd**. I acknowledge and affirm that my child is in good health. I give permission for my child to participate in Team Zone Athletics activities, including transportation to and from the activities. I give permission for, and assume any and all risk of, my child's use of various playing surfaces including natural and artificial grass, hard dirt, and under varying conditions, including, dry, wet and muddy, and I hereby understand that any surface used for activities may be regular or irregular.

2. RISK INFORMATION: I acknowledge the inherent risk and danger of participation in any sport, and I understand that participation in flag football may result in BODILY INJURY, including PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH. I release, indemnify, hold harmless and waive any claim against the coaches, Team Zone Athletics and all organizers, sponsors, supervisors, volunteers, participants, and persons transporting my child to and from activities, for any injury to my child sustained during, before, and after any activities by or through Team Zone Athletics, whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION: I give permission for emergency medical/dental treatment and first aid to be administered to my child for any illness/injury/accident resulting from participation in Team Zone Athletics activities

4. INSURANCE DISCLOSURE: I am aware Team Zone Athletics carries group accident medical insurance which is secondary to and/ or excess to my insurance, which is considered primary insurance. Further, I agree to notify in writing my participant's head coach and Team Zone Athletics of any medical claim resulting from participation in Team Zone Athletics activities as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

5. COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by email and mail from Team Zone Athletics and its sponsors and partners. I understand that Team Zone Athletics does not sell its contact list. Communications may contain program information or special offers. I may "opt out" by instruction in the communication or by my written request to Team Zone Athletics Further, I grant Team Zone Athletics the right and permission to make, reproduce, broadcast or otherwise use in perpetuity my child's name, image and likeness, including but not limited to photographs, films, videos, recordings, or

other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any right or interest in or claim to such benefit and acknowledge that Team Zone Athletics is under no obligation to exercise any rights granted herein.

6. ADULT CODE OF CONDUCT:

A: In order to uphold the goals of Team Zone Athletics and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Team Zone Athletics events, including practices and games, must behave in a respectful, courteous and sportsmanlike manner at all times.

B: Any adult who consumes alcohol; uses tobacco or nonprescription drugs; and/or appears intoxicated or under the influence at a Team Zone Athletics event, and/or who is flagrantly rude, attempts to intimidate, verbally abuses, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with any official, coach, volunteer, staff member, participant, fan or other event attendee, will receive a verbal warning and/or be asked to leave a Team Zone Athletics event. Team Zone Athletics may also provide a written warning to the individual regarding the misbehavior. The offending individual's participant(s) may also be removed from the event. Any adult who commits one or more of the above stated offenses a second time will be banned from all future Team Zone Athletics events and activities for a period of one year from the date of the second offense, and their participant(s) may also be removed from the program(s) for that same time period.

C: Any adult who physically assaults or threatens grave bodily harm to an official, coach, volunteer, staff member, fan, or participant may be banned from all Team Zone Athletics events and activities for one year from the date of the offense, and their participant(s) may also be removed from all Team Zone Athletics programs for that same period of time. After the ban has expired, if the individual commits another offense in violation of this adult code of conduct, the individual will be permanently banned from all Team Zone Athletics events and activities and the individual's participant(s) may also be permanently removed from all Team Zone Athletics programs.

7. ADHERENCE TO RULES AND PROCEDURES: I understand that it is my responsibility to comply with all rules and regulations of Team Zone Athletics and understand that non-compliance may be cause for discipline and/or dismissal of my participant(s), myself, and/or other persons affiliated with me or my participant(s). I further understand that if there is any dispute about my participant's age, I agree to furnish a certified copy of my child's birth certificate to the Team Zone Athletics President in order to continue to participate in Team Zone Athletics activities. I hereby hold Team Zone Athletics harmless from and waive any claim for any financial loss as the result of any disciplinary action.

8. WEATHER: Due to the unpredictable or dangerous weather conditions, Team Zone Athletics will attempt to reschedule canceled games and practices, if possible, but due to many factors such as field availability, Team Zone Athletics may not be able to reschedule. No refunds will be given for weather related cancellations. After a season starts (meaning, the first scheduled game has been played), there will be no refunds. If a player needs to withdraw before the start of a season, they need to notify Team Zone Athletics more than 30 days prior to the season start date to receive a full refund. Team Zone Athletics reserves the right to cancel any session due to insufficient enrollment. Upon cancellation, a

full refund will be made. Your registration for a program represents and affirms your agreement to these terms.

9. RETURN TO PLAY WAIVER FOR INFECTIOUS DISEASE: In consideration of being allowed to participate on behalf of Team Zone Athletics and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; therefore, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participant; and, I willingly agree to comply with the stated and customary terms and conditions for participant to engage in Team Zone Athletics activities as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my participant's presence or participation, I will remove my participant from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my participant(s), our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Team Zone Athletics and/or employees, other participants, sponsoring agencies, sponsors, advertisers, coaches, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I understand that no refunds will be given for issues related to infectious disease.

10. DISPUTE RESOLUTION POLICY; SEVERABILITY: I understand and acknowledge that all disputes with Team Zone Athletics and all affiliated parties will be subject to binding arbitration in Joliet, IL in accordance with Illinois law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Team Zone Athletics and seek other recourse, that I shall reimburse Team Zone Athletics for all legal fees and expenses it reasonably incurs in responding to the same. If any portion of this form shall be deemed unenforceable, the remainder shall remain in full force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing below, I am indicating that I have read the above document, I understand it completely, and I agree to the policies and waiver outlined above.

Signature

Date
