



Independent Youth Sports Athletes Certification Registration Form

Host Organization Name		Weigh-In#	Male/Female
First Name		Middle Name	Last Name
Date of Birth	Age on 9/1	Home Phone	Cell Phone
Fall School:		Team/Squad	Weight
Guardian Name		Guardian/ Youth Address	Add Parent/Guardian email address
Is this Participant covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (if not, please check insurance wavier)			
<input type="checkbox"/> Insurance Wavier: I, the Guardian of this participant do not have my own health/injury insurance coverage. I assume all risk and hazards incidental to such participation without health/injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, IYSA, the host organization, the sponsors, supervisors, participants, volunteers and any other persons, involved in IYSA.			
I, the Guardian of the above named child, hereby give my approval to his/her participation in any and all IYSA Football/Cheer activities during the current season. I understand that football as well as cheerleading is a dangerous sport that may result in serious injuries or even death. I assume all risks and hazards incidentals to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless Independent Youth Sports Athletics (IYSA), the host organization, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.			
<p>Physical Examination: I, Guardian of this participant, believe to the best of my knowledge that he/she can withstand the rigor of a football or cheerleading season. I, the Guardian, believe there is nothing physically/mentally wrong with my child. I, the Parent/Guardian, hereby give my approval to my child to participate in the upcoming season without a physical examination which is recommended by IYSA. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnity and agree to hold harmless, IYSA the host organization, the sponsors, supervisors, participants, volunteers and any other persons, involved in IYSA.</p> <p>Equipment Liability: I understand that Guardians are responsible for the return of all equipment and uniforms, clean and in good condition to the host organization. And that We the Parent/Guardian will be responsible for reimbursement to the host organization any cost of lost or excessively damaged equipment and or uniforms.</p> <p>Age Verification: I, the undersigned give IYSA and its agents the right to verify my child's age with his/her school if my child's age or eligibility comes into question or is challenged by a IYSA organization.</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No- My child's picture or likeness may be displayed on the IYSA/host organization website.			
<p>Conduct: I understand that we are expected as parents/ guardians to conduct ourselves in a civil manner at all Independent Youth Sports Athletics (IYSA) events, and failure to do so could result in expulsion from the event by the host organization and or League officials. I understand that the consumption of alcohol and use of tobacco products is strictly prohibited at IYSA games and events.</p> <p>Parental Medical Treatment Authorization: in the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.</p> <p>I have read and understand all of the information on this document. My signature confirms my understanding.</p>			
Guardian Signature		Relationship	Date (M/D/Y)