

HPJS REGISTRATION PACKAGE CHECKLIST

REQUIRED DOCUMENTATION	INCLUDED (√)
Youth Athletic Waiver & Release of Liability Assumption of Risk Agreement- Minor	
Emergency Medical Treatment, Consent, Information	
Medical Clearance Form (Must be signed by a medical professional)	
Image Release form - Adult	
Image Release form – Minor	
Certified copy of birth certificate	

Note to online registrants – All signed documents MUST be turned in at any of the in-person registrations (dates TBA). Please be sure to have a medical professional complete & sign the “Medical Clearance Form,” prior to submitting.

Final date that documents will be accepted will be on Saturday, May 26th during the scheduled player’s weigh-in held at Hales

Hyde Park Jr. Spartans - UYF

Conference / Association Name: Chicagoland Midwest / Hyde Park Jr. Spartans

YOUTH ATHLETIC WAIVER & RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT - MINOR

In consideration of _____, my child/ward, myself, being allowed to participate in any way in the United Youth Football and Cheer, Inc. (YFL) and/or my Local YFL Affiliate(s), athletic sports program(s), Full Contact Tackle Football, Cheerleading, Dance, Step, Local, Regional, or National related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, 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 myself, my child/wards', participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS United Youth Football and Cheer, Inc. (YFL), my Local YFL Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent/Guardian) Print Name (Parent/Guardian) Signature ____/____/____
Date

UNDERSTANDING OF RISK - (Minor Childs Acknowledgment/Understanding of the risk)

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(Minor Participant) Print Name (Minor Participant) Signature ____/____/____
Date

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MEDICAL CLEARANCE FORM

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and I am qualified in determining that: (insert participants name) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation.

	<i>Please Print – or – Use Office Stamp Here:</i>
Medical Professional Signature / /	Print Name Clearly
Date – Must be dated after January 1 st of the Current Season	Office Address/Phone

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: **"(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation."** This statement must be supplied by the physician and/or athletic trainer attending to the Participant.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

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IMAGE RELEASE FORM - ADULT

In consideration of (insert name) _____, my, being allowed to participate in any way in/with the organizations named above, related events and activities, I do hereby my signature below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself which I may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree,

Print Name

Signature

Date

Hyde Park Jr. Spartans - UYF

Conference / Association Name: Chicagoland Midwest / Hyde Park Jr. Spartans

IMAGE RELEASE FORM - MINOR

In consideration of (insert minors name) _____, my minor child/ward being allowed to participate in any way in/with the organizations named above, related events and activities, I being legally authorized, do hereby my signature below agree that the organization(s) named above and National League Certification Management (N.L.C.M.) have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of my child/ward which he/she may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree,

Print Name

Signature

Date