



## Emergency Medical Release & Liability Waiver

**Participant must complete and submit this Illinois Youth Soccer Association (IYSA) Emergency Medical Release & Liability Waiver before participating in IYSA and/or IYSA Member Programs/Events.**

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address (Not PO Box) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

*For a minor participant, enter parent/guardian's phone and email:*

Parent/Guardian Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

### Emergency Contacts for Participant:

Print Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Email \_\_\_\_\_

Print Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Email \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions/Concerns \_\_\_\_\_

Physician \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### LIABILITY WAIVER

On behalf of myself and the above listed participant if the participant is a minor, I/We the undersigned acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant resulting from his/her participation in the Programs and/or being transported to or from the same, which participation and transportation, after careful consideration I/We hereby authorize. I/We certify that the participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I/We hereby give my/our consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I/We agree to save and hold harmless and indemnify each and all parties herein referred to as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I/We hereby consent to any and all uses and displays by the releasees of the participant's name, voice, likeness, image, appearance and biographical information in, on or in connection with any pictures, photographs, audio and video recordings, digital images, all of which are hereinafter referred to as "depictions", that are shown on websites, in television programs and advertising, sales and marketing brochures, books, magazines, all other printed and electronic forms and media including without limitation for the purpose of promoting Illinois Youth Soccer Association and/or its initiatives and the sport of soccer and for promotional, commercial other purposes as determined by Illinois Youth Soccer Association anywhere in the world in its sole discretion. On behalf of the participant, I/We understand that all depictions shall be the sole property of the Illinois Youth Soccer Association and neither I/We nor the participant shall receive any compensation in connection with their use. Further I/We hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the depictions against the Illinois Youth Soccer Association and its releasees. On behalf of the participant I/We have read the above waiver/release and understand that I/We have given up substantial rights by signing this release and sign below voluntarily. I/We understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (Updated 2/10/2020)

**Parent/Guardians' Signatures are required if participant is under the age of 18. Signature is required from Participant aged 18 or older.**

Parent/Guardian's Signature (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (Print & Sign) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**



**COMMUNICABLE DISEASE  
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

5/18/20

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ILLINOIS YOUTH SOCCER ASSOCIATION, its MEMBER LEAGUES AND CLUBS**, its directors, officers, officials, agents and/or employees, associated personnel, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Signature of Participant aged 18 or older \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT UNDER AGE 18 (MINOR) AT TIME OF REGISTRATION**

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
Signature of Parent/Guardian for Participant under age 18 \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian for Participant under age 18 \_\_\_\_\_ Date \_\_\_\_\_



BETTER ATHLETES  
BETTER PEOPLE

# Parent Pledge

Our organization is committed to the principles of Positive Coaching Alliance (PCA). Therefore, we ask that you read, sign and return this form to your child's coach or any appropriate representative of our organization.

Initial each  
line below

In keeping with PCA's ideal of the **Double-Goal Coach**<sup>®</sup> – who has a goal of winning and an even more-important goal of teaching life lessons through sports – I will be a **Second-Goal Parent**<sup>®</sup>, focused on the goal of **using sports to teach life lessons**, while leaving the goal of winning to players and coaches. \_\_\_\_\_

I will use positive encouragement to **fill the Emotional Tanks** of my children, their teammates, and coaches. I understand that, like the gas tank of a car, a full Emotional Tank can take people most anywhere. \_\_\_\_\_

I will reinforce the **"ELM Tree of Mastery"** with my child (E for Effort, L for Learning, M for bouncing back from Mistakes). Because I understand that a mastery approach will help my child succeed in sports and in life, I will: \_\_\_\_\_

- encourage my child to exert maximum **Effort**
- help my child **Learn** through sports
- urge my child to get past **Mistakes** by using a Mistake Ritual, such as a flushing motion, to trigger a reminder to flush the mistake and move on to the next play.

I will set an example for my child by **Honoring the Game**, respecting ROOTS (Rules, Opponents, Officials, Teammates, and Self). If I disagree with an official's call, I will Honor the Game and be silent. \_\_\_\_\_

I will use a **Self-Control Routine** to avoid losing my composure if I grow frustrated. I will take a deep breath, turn away from the game to refocus, count backwards from 100 or use self-talk ("I need to be a role model. I can rise above this.") \_\_\_\_\_

I will **refrain from negative comments about my child's coach** in my child's presence so that I do not negatively influence my child's motivation and overall experience. \_\_\_\_\_

**I will be as prompt as possible** dropping my child off and picking my child up from practices and games. \_\_\_\_\_

I will engage in **No-Directions Cheering**, limiting my comments during the game to encouraging my child and other players (from both teams). \_\_\_\_\_

PRINT ATHLETE'S NAME

PARENT'S SIGNATURE

For more Resources, visit: [www.PCDevZone.org](http://www.PCDevZone.org)  
For more information on Positive Coaching Alliance, visit: [www.PositiveCoach.org](http://www.PositiveCoach.org)