

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEAM WAIVER ROSTER, SDA & CONCUSSION

Team name Head Coach											
Gender/Division- Please cir	rcle each:	<u>Boys</u>	<u>Girls</u>	/ 3 rd Grade	4 th Grade	5 th Grade	6 th Grade	7 th G	<u>Grade</u>	8 [™] Grade	
Program participant must hav WAIVER AND RELEASE OF LIABIL Northwest, their affiliates, officer, for any and all personal injuries, administered by the YMCA of the participation in the program may causes or actions, suits, damages negligence of the Owner or Mana I HAVE READ AND FULLY UNDERSTREELY AGREE TO THE TERMS ALLEGAL GUARDIAN OF THE CHILD By signing below, I acknowledge review the Sudden Cardiac Arrest games until the coach receives a Concussion Fact Sheet for Coache team be suspected of having a contract of the coach receives and the coach receives a concussion fact Sheet for Coache team be suspected of having a coache	LTY: In consolons, directors, loss of time, Inland North expose my consolons, costs and origing Agent. STAND THIS ND CONDITION NAMED ON that I have of the information written cleanes created by	sideration of agents, empain and somest. I received and sheet. I to a sheet of the Cente	of the partic ployees, shouffering or property of the could be could	ipation of my chareholders, and property damage acknowledge my possibly demise occur while my county of THE FACT THE IGNATURE BELO LEASE OF LIABILITIES the Concussion that should my county of the health care se Control (CDC)	ild in YMCA Spor assigns from any e arising out of of y child's participate. I further under thild is participate IAT I AM RELEAS IW ON THIS CBL LITY AND AGREE Fact Sheet for Pathild be suspecte profession. As a) as well as the S	ts Programs, do he and all claims, de coccurring in connition in the programs and that this Wang in this program and AND WAIVING WAIVER AND RELECTO ALL TERMS SENTENTS and Athletes dof having a concurrency by signing audden Cardiac Arr	ereby release a emands, cause: ection with my n is solely at n liver and Relea except those GCERTAIN POT EASE OF LIABI T FORTH WITH created by the ussion, he/she below, I acknowest Informatio	nd forevers of action or child's party own risings is absorbed in the child of the	r discharges, suits, sarticipation k. I ackrolute as to demands IGHTS, A ESENTS VAIVER A for Disease allowed at I have understa	ge the YMCA of the Inland damages costs and expension in this program nowledge that my child's call claims, demands, arising out of gross ND VOLUNTARILY AND THAT I AM THE PARENT IND RELEASE OF LIABILITIES Control. I have also to return to practice or received and reviewed to	
Name	Email			Grade	School	Phone	T-shirt size	Jersey #	Parent :	Signature attesting to all tion	
l .											

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Program participant must have their own insurance. ** The YMCA reserves the right to ask for proof of age/grade at any time for the duration of the season.

WAIVER AND RELEASE OF LIABILITY: In consideration of the participation of my child in YMCA Sports Programs, do hereby release and forever discharge the YMCA of the Inland Northwest, their affiliates, officers, directors, agents, employees, shareholders, and assigns from any and all claims, demands, causes of actions, suits, damages costs and expenses for any and all personal injuries, loss of time, pain and suffering or property damage arising out of or occurring in connection with my child's participation in this program administered by the YMCA of the Inland Northwest. I recognize and acknowledge my child's participation in the program is solely at my own risk. I acknowledge that my child's participation in the program may expose my child to risk of injury or possibly demise. I further understand that this Waiver and Release is absolute as to all claims, demands, causes or actions, suits, damages, costs and expenses which could occur while my child is participating in this program except those claims or demands arising out of gross nealigence of the Owner or Managing Agent.

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH. MY SIGNATURE BELOW ON THIS CBL WAIVER AND RELEASE OF LIABILITY REPRESENTS THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ON THIS WAIVER AND RELEASE OF LIABILITY. AND AGREE TO ALL TERMS SET FORTH WITHIN THIS WAIVER AND RELEASE OF LIABILITY. By signing below, I acknowledge that I have received and reviewed the Concussion Fact Sheet for Parents and Athletes created by the Centers for Disease Control. I have also review the Sudden Cardiac Arrest Information sheet. I understand that should my child be suspected of having a concussion, he/she will not be allowed to return to practice or games until the coach receives a written clearance from a person in the health care profession. As a Coach, by signing below, I acknowledge that I have received and reviewed the Concussion Fact Sheet for Coaches created by the Centers for Disease Control (CDC) as well as the Sudden Cardiac Arrest Information Sheet. I understand that should a child on my team be suspected of having a concussion, they will not be allowed to return to practice or games until they receive written, medical clearance.

Roster continued from previous page

Name	Email	Grade	School	Phone	T-shirt size	Jersey #	Parent Signature attesting to all information
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