



The Security Centre Youth Flag Football League 2019

LEAGUE PAYMENT AND RELEASE FORM

Participant's Information:

Child's Name: _____

Age: _____ Male Female

Parent/Guardian's Information:

Parent/Guardian's Name: _____

Phone: _____ Email: _____

PARENTS PLEASE NOTE:

1. REGISTRATION IS NOT COMPLETE UNTIL YOUR CHILD HAS REGISTERED ONLINE AT WWW.CIFFAYOUTH.COM

AND

2. THIS RELEASE FORM AND PAYMENT (CI\$25) HAS BEEN PROVIDED TO CIFFA (TIMES AND LOCATIONS WILL BE NOTIFIED ON WEBSITE WWW.CIFFAYOUTH.COM)

FOR LEAGUE USE ONLY

Online Registration Completed

Amount Paid _____

Registration Fee Paid To _____

Signature _____



Proud League Sponsor

Release:

I/We have agreed to assume the risks of participation and release and indemnify the Cayman Islands Flag Football Association (“CIFFA”) and others as set out below. I/We have further given the instruction and authorize immediate medical attention. I/We have further completed the emergency and medical information.

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Flag Football League may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events (parents are responsible for their child’s transportation); and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to ones body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death. I represent that my child is physically fit to participate in this sport/extracurricular activity and, if required, that he/she has been examined by a licensed physician who verifies that my child is physically fit to participate in this particular sport/extracurricular activity. In consideration of the Cayman Island Flag Football Association permitting my child or ward to participate in its Youth Flag Football Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above or otherwise. I release and indemnify CIFFA, CIFFA’s board, officers, employees, instructors, members, officials, agents, volunteers, users, sponsors, advertisers, affiliates, and the property owners of the real property upon which the activities take place from any claim arising from injury or loss suffered by my child whether as a result of negligence or any other cause and waive any and all rights to any legal action against the CIFFA and the other individuals or entities identified above. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize CIFFA to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that CIFFA, and volunteers assume no financial obligations or liability for the medical treatment that they provide or cause to be provided to or for my child.

FORM AND PAYMENT CAN BE DELIVERED TO CIFFA YOUTH COMMITTEE MEMBER AT TIMES AND LOCATIONS POSTED ON FACEBOOK (www.facebook.com/ciffayouth) AND WEBSITE (www.ciffayouth.com)