

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
Waiver and Release must be entirely completed in order to participate.

In consideration of being allowed to participate in the South Elgin High School Booster Foundation Youth Teams athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential from permanent 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 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 my 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 hazard in my presence or during my participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION YOUTH TEAMS and the SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event (herein collectively "Releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES, OR OTHERWISE.
5. In addition, SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION YOUTH TEAMS and the SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION, its agents or employees, or owner, assume no legal liability for items lost or stolen as a result of my participation within the facility.
6. I hereby grant SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION YOUTH TEAMS and the SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION, and its agents, permission to use, without compensation, my and/or my child's image, likeness or voice in connection with any promotional materials, including, but not limited to, brochures, advertising and broadcasts.

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.

INDIVIDUAL INFORMATION

Player's Name: _____ Birth date: _____ Age: _____
Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____
Home Phone: _____ Work Phone: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to the release as provided above, all the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Print Parent/Guardian's Name
Date _____

Parent/Guardian's Signature
Emergency Phone Numbers _____

The South Elgin High School Booster Foundation Youth Teams are sponsored by the South Elgin High School Booster Foundation. The South Elgin High School Booster Foundation Youth Teams are not South Elgin High School or School District U-46 sponsored programs.



South Elgin High School Booster Foundation Youth Teams Authorization for Medical Treatment

I give my consent and permission and the right on my behalf and in my stead, to any supervising coach of any sport in which my child is, or may be participating, for South Elgin High School Booster Foundation Youth Teams to arrange for a licensed and certified physician to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly, or indirectly, and whether sustained during practice or in active competition, where such injuries consist of, but are not limited to sprains, strains, fractures, dislocations, lacerations, contusions, abrasions, and similar injuries, and all without necessity of any further or additional express authorization by me, other than for this authorization. My above permission and consent also extends to the right of any supervising coach to arrange for immediate medical treatment by a licensed or certified physician, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve the life or limb of my child. Also, I understand that if emergency transport to nearest hospital is necessary, it will be at my expense.

Name of Child to whom the authorization extends _____

Signature of Parent/Guardian _____ **Date** _____



SEHS BOOSTER FOUNDATION YOUTH TEAMS CODE OF CONDUCT

Parents, please pledge to provide positive support, care and encouragement for your child by **signing** this Code of Conduct:

- ✓ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, managers and referees at every game or practice.
- ✓ I will place my child's participation in the hands of his/her manager and coaches, ahead of my own desire to win.
- ✓ I will remember that basketball is for my child, not for me.
- ✓ I will do my very best to make basketball fun for the whole team.
- ✓ I will ask my child to treat other players, coaches, fans and officials with respect.
- ✓ I will remember that I am a fan, not a manager, coach or referee.
- ✓ I will respect the calls of the referees, even if I think the referee is wrong.
- ✓ I will show respect to the players, coaches, managers and fans on the opposing team.
- ✓ I will respect the judgment of the SEHS Booster Foundation Youth Teams Program.

Players, please read and abide by this **Player Code of Conduct**:

- ✓ I will encourage good sportsmanship from fellow players, my manager, coaches and referees at every game or practice.
- ✓ I will attend every practice and game that is reasonably possible and notify my manager if I cannot.
- ✓ I will not use foul language on the bench or on the court.
- ✓ I understand that I may be benched for disciplinary reasons after my manager has talked to my parents about my behavior.
- ✓ I will do my very best to listen and learn from my manager and coaches.
- ✓ I will treat my manager, coaches, team parent, fellow players, referees and fans with respect.
- ✓ I will remember that winning is not the most important thing, and playing the game is an opportunity to learn and have fun.
- ✓ I will remember that I am a player, not an referee.

By my signature below, I acknowledge to SEHS Booster Foundation Youth Teams that I have read, understood and will follow this Code of Conduct and agree to read and discuss the Player Code of Conduct with my child.

PARENT

Name _____

(Please Print)

Signature _____ Date _____

PLAYER (If present at registration)

Name _____

(Please Print)

Signature _____ Date _____

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