

East Coast College Showcase Team Information Sheet

Clu	ıb:	Team:			
Age and Gende	er:	State:			
Registration Checklist Official Roster: Player Passes: Permission to Travel*: Team Info Sheet:					
Coach Name:		Contact Name:			
Coach Mobile:		Contact Mobile:			
Coach Phone:		Contact Phone:			
Coach Email:		Contact Email:			
Team Hotel					
COVID-19 WAIVERS I certify that I am in possession of a COVID-19 waiver form for each rostered player that is signed by the player's parent and/or guardian. MEDICAL RELEASES I certify that I am in possession of a medical release form for each rostered player that is signed by the player's parent and/or guardian. (Club / Generic Forms are acceptable. The Jefferson Cup does not require a specific tournament form)					
Print Name X					
Sign Name X					
I certify that I am in possession of a COVID-19 waiver form for each rostered player that is signed by the player's parent and/or guardian. MEDICAL RELEASES I certify that I am in possession of a medical release form for each rostered player that is signed by the player's parent and/or guardian. (Club / Generic Forms are acceptable. The Jefferson Cup does not require a specific					

^{*}Permission to Travel Forms only required for USYS Rostered Teams Only. US Club Rostered Teams are not required to have Permission to Travel Forms



Communicable Disease Release of Liability and Assumption of Risk Agreement ***READ BEFORE SIGNING***

Participant Name
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:
1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. 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.
3. 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.
4. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS WVSA, THE EAST COAST COLLEGE SHOWCASE, SHAWNEE SPORTS COMPLEX (insert club/league here)
, its officers, officials, agents and/or
employees, 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 INJURY, ILLNESS,
SICKNESS, DISABILITY OR DEATH I may suffer, or loss or damage to person or property,
WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest

extent permitted by law.

Organization Name



Communicable Disease Release of Liability and Assumption of Risk Agreement ***READ BEFORE SIGNING***

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		
Participant's Signature	Age	Date
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 1	8 AT TIME	OF REGISTRATION)
This is to certify that I, as parent/guardian with legal	respons	sibility for this
participant, do consent and agree to his/her release as	provided	dabove of all the
Releasees, and, for myself, my heirs, assigns, and next indemnify and hold harmless the Releasees from any and a minor child's involvement or participation in these prog IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the law.	ll liabi rams as	lity incidents to my provided above, EVEN
X		
Parent/Guardian Signature Date Em	ergency	Phone Number(s)