

# FALL TACKLE



# NATIONAL YOUTH SPORTS PHOENIX FALL 2021

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## TACKLE CERTIFICATION

- Child must be present
- Certification is now done through NSID (National Sports ID)
- Players ages 13 & 14 must provide grade level verification
- League Age = Child's Age as of July 31, 2021



### SEASON DATES:

September 11 – November 20

\*Dates may be subject to change. Visit nysonline.org for current information.



## NATIONAL YOUTH SPORTS REGISTRATION FORM

One child per registration form. One sport or division per child.

Register online! [nysonline.org](http://nysonline.org)



**EARLY RATE** until 7/15/21  
**LATE RATE** starts 9/2/21

### PRINT LEGIBLY

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age as of July 31, 2021

Closest School: \_\_\_\_\_

HOME Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Volunteer:  Head Coach  Assistant

Email: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Coach Request: \_\_\_\_\_ Friend Request (1 only) \_\_\_\_\_ Phone #2: \_\_\_\_\_

Referred by: \_\_\_\_\_



**8-MAN TACKLE**  
\$125 / \$145 LATE  
 PIGSKIN (6U)

**EARLY \$110**

**11-MAN TACKLE**  
\$125 / \$145 LATE

**EARLY \$110**

#### UNWEIGHTED

- MINI MITE (7U)
- BANTAM (8U)
- MITE (9U)
- MIDGET (10U)
- SQUIRT (11U)

- MINOR (12U)
- MAJOR (13U)
- JR/MIDDLE (14U)

#### WEIGHTED

- MIGHTY MITE (9U)
- CADET (10U O/L)
- JUNIOR PEE WEE (11U O/L)
- PEE WEE (12U O/L)
- JR MAJOR (13U O/L)

OFFICE USE ONLY	FALL 2021
Registration Date: _____	
Amt. Paid _____ Entered _____	
Check # _____ Parent/Coach _____	
CC Auth _____ Jersey _____	
Processed _____ Acct _____	
<input type="checkbox"/> Signed Waiver <input type="checkbox"/> Photo ID	
<b>AZPX-TK-ER</b>	

### WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

#### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of National Youth Sports (NYS) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 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,
- I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NYS their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

INITIAL: 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

#### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

INITIAL: This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

- I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.
- To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with my injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
- By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
- This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the participant(s), hereby grants authorization to National Youth Sports (NYS), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participant(s). Each of the undersigned further agrees that neither NYS nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

### PHOTOGRAPHY/VIDEOGRAPHY

NYS reserves the right to use any photograph or videography taken during a NYS sponsored event without the expressed written permission of the subjects included within the photograph or video. Photographs may be used in publications or other media material produced, used or contracted by NYS including but not limited to: books, catalogues, search pieces, newspapers, magazines, television, websites, etc. See our website for more information.

### NYS NO REFUND POLICY

I understand the "No Refund" Policy regarding participation with NYS.

### TACKLE FOOTBALL DISCLAIMER

I understand that until my child completes the NYS Tackle Certification process, that they are NOT a registered NYS participant and should not be practicing and/or training with a team.

### WEATHER POLICY

I understand that NYS cannot control the weather and any games cancelled due to weather will not be made up and no compensation will be made in these situations.

### EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SPORT, VENUE USE AND RELATED ACTIVITIES

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with recreational activities and contact sports, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

- Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
- Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
- I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
- Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
- My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
- Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
- Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
- Accidents or illness occurring in remote places where there are no available medical facilities.
- Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
- Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

\*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

FALL 2021

Parent/Guardian Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_