



REGISTRATION FORM

212-256-1145

PLEASE MARK CHECK ON BOX SELECTED.

- **LEAGUE LOCATION:** BROOKLYN STATEN ISLAND MANHATTAN OTHER _____
- **FOOTBALL PROGRAMS:** Flag Football League Instructional Clinic Private Lesson
- **BASKETBALL PROGRAMS:** Basketball League Instructional Clinic Private Lesson
- **OTHER:** _____

Fee includes a \$50 non-refundable registration fee
MAKE CHECKS OR MONEY ORDER PAYABLE TO:
 United Sports Youth League P.O.Box 70041 Staten Island NY, 10307

CHILD NAME: _____ DOB: ____/____/____ Age _____ GENDER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN/COACH: _____ E-MAIL: _____

Cell Phone: _____ OTHER: _____

SCHOOL NAME: _____ GRADE: _____

MY CHILD HAS A TEAM or Special Request: (WHAT IS THE TEAM NAME) _____

MY CHILD HAS MEDICAL HISTORY: (Please Specify) _____

PLEASE SPECIFY SHIRT/JERSEY SIZE (Youth or Adult) Small Medium Large X Large 2 X Large

Optional Shorts SIZE (Youth or Adult) Small Medium Large X Large 2 X Large

Would you Like to be a Volunteer: Coach _____ Asst Coach _____ Team Parent _____ Other: _____

Are you interested in Team Sponsor: _____ League Sponsor: _____ Job Occupation: _____

How did you hear about us?

Social Media On-line Search Flyer Friend School Other _____

OFFICE USE ONLY:

AMOUNT: _____ AGENT: _____

CASH/CHECK: _____ OTHER: _____



**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the United Sports League and United Sports Youth League (USYL) affiliates and subsidiaries, including related events and activities, the undersigned acknowledges, appreciates, and agrees that the risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child/ward from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I agree as follows:

1. FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined herein) or others, and assume full responsibility for my child/ward's participation;
2. FOR MYSELF, SPOUSE, AND CHILD/WARD I knowingly and willingly agree to comply with and agree to the USYL Terms and Conditions. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately;
3. FOR MYSELF, SPOUSE, AND CHILD/WARD and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS USYL; its directors, officers, officials, agents, employees, volunteers, 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 INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law;
4. FOR MYSELF, SPOUSE, AND CHILD/WARD, I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS **United Sports Youth League (USYL) LIABILITY RELEASE**, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT AND ENTER INTO IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD AGREE TO BE BOUND BY THIS USYL LIABILITY RELEASE AND UNITED SPORTS YOUTH LEAGUE TERMS AND CONDITIONS WHEN IN THE FUTURE I CLICK ON AN "I AGREE," "I CONSENT," OR OTHER SIMILARLY WORDED "BUTTON" OR ENTRY FIELD WITH MY MOUSE, KEYSTROKE, OR OTHER COMPUTER DEVICE, YOUR AGREEMENT OR CONSENT OR WAIVER WILL BE LEGALLY BINDING AND ENFORCEABLE AND THE LEGAL EQUIVALENT OF YOUR HANDWRITTEN SIGNATURE.

Authorization to release Photography/Videotape

League Name may use photos or videos of my child on their website and marketing material _____

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

X _____
Parent/Guardian Signature

Date