WORTH TOWNSHIP YOUTH COMMISSION
11601 South Pulaski Road Alsip, Illinois 60803

(708) 204-1982 Volleyball Coordinator
(708) 371-2144 fax

Website: www.worthtownship.com
youthcommission@worthtownship.com

Youth Commission Girls' Volleyball Program

Please Print Child/Children's Name:

Last Name:	First Name:	Birth Date:	Age:	Grade:

School Attending: _____ Coaches' Name: _____

Home Address: _____

Town/City:_____ Zip Code: _____

Home Phone Number: (____)_____

Guardian's #1 Name:	Guardian's #2 Name:
Guardian's Work /Cell #:	Guardian's Work /Cell #:
Guardian's Email:	Guardian's Email:

Who do we contact first in case of emergency*: (circle one)* ***Guardian #1*** ◯ ***Guardian #2*** ◯

Does your child have any special needs that may require particular attention? Please include any allergic reactions. Please list medications your child takes and the reason or medical conditions you feel we should be aware of. If registering more than one participant, please indicate child's name.

_____

_____

_____

Name of Emergency Contact Person (other than guardian:_____

Emergency Phone Number: _____ Relationship:_____

WAIVER OF CLAIMS, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Please read this form carefully and know that in signing this Waiver of Claims, Release, Indemnification and Hold Harmless Agreement (the *"Agreement"*), you will be waiving and releasing any and all claims for injuries or medical expenses incurred on your behalf which you or your child may sustain by participating in any program and/or event sponsored by WORTH TOWNSHIP and you are agreeing to reimburse WORTH TOWNSHIP for any liability WORTH TOWNSHIP may incur as a result of you or your child injuring anyone else in the course of your or your child's participation in any such program, activity and/or event. The terms "I", "me" and "my" shall also refer to any and all participants, including but not limited to parents, guardians and minors participating in any of the programs, activities and/or events.

WORTH TOWNSHIP PROGRAMS, ACTIVITIES, EVENTS

As a participant in any program, activity or event sponsored or hosted by WORTH TOWNSHIP, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all programs, activities and/or events connected with or associated with WORTH TOWNSHIP.

I agree to waive and relinquish all claims I may have as a result of my participation in any programs, activities and/or events sponsored by or associated with WORTH TOWNSHIP, its officials, officers, agents, servants and employees. I hereby give WORTH TOWNSHIP, its officials, officers, agents, servants and employee's permission to use my picture or likeness for promoting WORTH TOWNSHIP programs, activities and/or events.

I do hereby fully release and discharge WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have or which may occur to me as a result of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

I further agree to indemnify and hold harmless and defend WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims resulting from any injuries, damages and/or losses caused by me or during the course of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

In the event of an emergency, I authorize WORTH TOWNSHIP and/or its officials, officers, agents, servants and employees to secure from any WORTH TOWNSHIP employee and/or hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services. I understand and agree that WORTH TOWNSHIP assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, WORTH TOWNSHIP shall not be responsible or liable for any costs or charges related to such medical treatment.

Worth Township, its officials, officers, agents, servants and employees may videotape any program, activity and/or event, such as the Spelling Bee, to be broadcast on a local community cable channel or elsewhere. I give my permission to be videotaped in any program, activity and/or event and allow WORTH TOWNSHIP to use and/or televise in any manner, my picture and/or likeness and to indemnify and hold harmless WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims, damages and/or loss of any kind in connection to any picture or video that I may appear in.

I further agree that this Agreement shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Agreement shall be held illegal, unenforceable or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge and represent that I have read and fully understand this Agreement.

PLEASE PRINT

Participant's Name _____

Parent/Legal Guardian Name _____

Parent /Legal Guardian Signature _____ Date _____

Youth Commission Program / Volleyball Waiver

Worth Township
11601 S Pulaski Road
Alsip, IL 60803
Phone: 708-371-2900

Worth Township (the "Township") is committed to protecting the health, safety and general welfare of all participants in Township programs and takes the necessary precautions to fulfill such commitment, including, but not limited to, following all relevant Illinois Department of Public Health and Centers for Disease Control and Prevention guidelines regarding Coronavirus Disease 2019 (COVID-19). Despite the Township taking prudent and necessary steps to protect the health, safety and general welfare of all participants in Township programs, participation in such programs are not free from risk. As consideration for being allowed to participate in any program with the Township, the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below:

_____ _____
Participant Name Date of Birth

_____ _____
Participant Name Date of Birth

_____ _____
Participant Name Date of Birth

2. I acknowledge and understand that there are risks associated with participation in Township activities and the use of Township facilities and equipment, as well as facilities and equipment utilized by the Township for certain activities, including but not limited to: contusions, fractures, scrapes, cuts, bumps, viral or bacterial infections, illness, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS, which I also willingly assume.
4. I agree that the Participant(s) named and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any activity at the Township.
5. I, for myself and the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the Township, their officers, elected officials, employees, agents, volunteers, and attorneys from any and all injuries, liabilities, or damages from participation.
6. I additionally agree to indemnify the Township, their officers, elected officials, employees, agents, volunteers, and attorneys for any defense cost or expense arising from any and all claims, injuries, liabilities, or damages arising from participation.
8. I am legally competent to understand and complete this waiver. I hereby execute this waiver without coercion.

Parent/Guardian Name (please print): _____

Parent/Guardian/Participant signature: _____

Emergency Contact Number: (_____)_____ or (_____)_____

Address _____

Email _____

WORTH TOWNSHIP VOLLEYBALL LEAGUE
PARENT/GUARDIAN CODE OF CONDUCT CONTRACT

Our primary goal for the Worth Township Youth Commission's Volleyball League is to provide a positive and safe experience as well as a positive environment for all of those who play in our league. As a parent of a youth sport, you have tremendous influence to shape the overall experience for your athletes. It is our expectation that you do so in a positive manner.

All parents and/or guardians must sign this form and return it to the Worth Township Volleyball Coordinator prior to their team's first game of the season. Failure to sign contract or turn it in, will result in a forfeit of game/s until contract is on file.

EXPECTED BEHAVIOR FROM PARENTS AND GUARDIANS:

1. Absolutely no alcohol, or drug use on Worth Township property.
2. Always provide a safe environment for the players.
3. Place the development of the player (mentally and physically) above winning.
4. No profanity at any time.
5. Honor the rules and play the game with the spirit of the rules in mind; do not try to manipulate the rules in your favor.
6. No arguing with opposing coaches, players, or supporters, scorekeepers, referees, coordinators, or co-directors. Worth Township enforces the 24-hour rule for coaches and parents/guardians. Any coach or parent/guardian who is upset with a referee or co-director of the league, for any reason, MUST wait 24 hours before approaching or contacting the Co-director with the complaint.
7. Treat the referees with respect and professional courtesy. Arguing with referees is not acceptable behavior.
8. Be supportive of your players and your opponents.
9. Always promote a positive attitude. Display self-control, respect, and professionalism toward everyone involved in the game.
10. Ensure that all team members respect the facility by removing all trash from the benches/bleachers and spectator areas after each game.
11. Only coaches and players will be allowed on the sideline / bench during game play. If a parent is standing in for an absent coach, they must contact the Worth Township Volleyball Coordinator in advance and sign and have a code of conduct form on file before the game.
12. The score of the game cannot be disputed during play of game. Coaches may approach score table calmly and only in between game play and question the scorekeeper about the score.

VIOLATORS OF THE ABOVE GUIDELINES CAN EXPECT TO FACE THE FOLLOWING PENALTIES:

1. Verbal warning – **YELLOW CARD**.
2. Removal from the gym for the rest of the day – **RED CARD**.

If conflict continues with disrespect of our referees, scorekeepers, coordinator, fellow coaches and players, your team will be removed from our program immediately without a refund.

I HAVE HEREBY READ AND FULLY UNDERSTAND THE EXPECTED BEHAVIORAL GUIDELINES AND THE POSSIBLE CONSEQUENCES FOR NEGATIVE BEHAVIOR:

School Name: _____ Team Name:_____ Grade: _____

Printed Name of Parents/Guardians: Signatures of Parents/Guardians: Date:

1: _____

2: _____