



Participation Waiver

I agree to release Youth Athletic Association (YAA Sports) and its employees and agents from all claims, damages and actions of the below named player or their parents/guardian. I assume full responsibility for any bodily injury/or illness that may occur as a result of the inherent risk of participation. I understand that any participant who causes damage or intentional injury will be suspended from the programs without refund. I authorize Youth Athletic Association (YAA Sports) to use all photos or video taken of me/my child during any /all programs for advertising or promotional material. I understand no refunds once place on a team. I have read these terms and conditions and I agree to them.

Parent/Guardian

Signature _____ **Date** _____

Cell Phone Number _____

Player Name _____ **Grade** _____

School _____