

Team Charlotte Elite ("TCE") Football & Cheer Registration Form

Player Name: _____ Parent Name(s): _____
Address: _____ City: _____ St: _____ Zip: _____
Phone (H) _____ (W) _____ (C) _____
Does your cell phone receive/send texts: [] yes [] no
Parent1 _____ Parent2 _____
Email _____
Guardian: _____ Emergency Contact: _____

School Attending/Grade: _____ Physical Limitations: _____

Player's Age (& Division) As Of July 31st (check one): 4-6[] 7-8[] 9-10[] 11-12[]

UNIFORM SIZE: Adult or Youth, (Circle one) S M L XL XXL T-SHIRT SIZE: Adult or Youth, (Circle one) S M L XL XXL

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR CHILD'S REGISTRATION FORM: Registration Fees, Copy of Birth Certificate, Waiver and Release of Clams Signed and a complete an on-line registration profile created at www.teamcharlottesports.org.

PARTICIPATION FEE SCHEDULE:

___ \$125 (with own Helmet) ___ \$175 (without Helmet) ___ \$185 Cheer

Payment methods : CashAPP: #TCEsports; Zelle: teamcharlotteelite@gmail.com ; online via teamcharlottesports.org (online fee applicable). For information concerning refund policy- see Football President for information.

WAIVER and RELEASE CLAIMS:

Please read this form carefully and be aware that registration in the above program, you will be waiving and releasing all claims for injuries the participant might sustain.

- I recognize and acknowledge that when participating in events and activities that there are certain risks of physical injury to participants.
- I assume full responsibility of the injuries and/or loss regardless of its severity while participating in these activities or being transported to and from such events.
- I hereby give permission for my child's image to be used in printed publications, web pages and video recordings, for the **Team Charlotte Elite and Its affiliates.**
- I waive and relinquish all claims that my insurer or I may have against the **Team Charlotte Elite/Team Charlotte Premier Track Club, SBCA**, its officers, affiliates, coaches, sponsors and volunteers from any and all claims from injuries, damages or loss, or liability of any kind.
- I hereby give my full permission, **BY MY SIGNATURE BELOW**, for my child to engage in **Team Charlotte Elite** activities.

I understand that I must turn in a copy of my child's **BIRTH CERTIFICATE** along with the other forms before Registration is considered complete and that my child will not be assigned to a team until all forms and payment obtained.

[] I will email them to teamcharlotteelite@gmail.com [] I will hand deliver the forms to administration

Parent/Guardian(s) Signature: _____ Date: _____

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RELEASE AND WAIVER OF LIABILITY In consideration of being allowed to participate in any way in **Team Charlotte Elite (TCE)**, Team Charlotte Premier Track Club and Strength Based Community Alternatives (SBCA) events or activities, I understand, acknowledge and agree to the following:

1. I certify that I am physically fit and able to participate in these Football and field events, and have not been advised otherwise by a qualified medical professional. I will not participate in any program, event or activity in which I am not physically able.

2. I agree to comply with any and all rules, regulations, terms and conditions for participation in the program, event or activity. I agree to inspect the equipment and premises to be used prior to participation.

3. COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. **Team Charlotte Elite** has put in place preventative measures to reduce the spread of COVID-19. However, there is no guarantee that I or anyone else will not become infected with COVID-19. By signing this agreement, I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by COVID-19 by participating in this event. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any Claims based on the actions, omissions, or negligence of **Team Charlotte Elite Sports**, its agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **Team Charlotte Elite, Team Charlotte Elite Football & Cheer and SBCA**, event, or activity.

4. I further agree to practice social distancing measures to the best of my ability before, during and after the event and wear a mask or facial covering when not actively participating.

5. I, on behalf of myself, my heirs, executors, administrators and assigns, hereby waive, release, discharge, and agree not to sue **Team Charlotte Elite Football & Cheer /SBCA**, its officers, volunteers, representatives, agents, coaches and referees, and other participants, and/or sponsors, from any and all claims WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, any liability and expenses WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF THE RELEASEES which I may have or which may subsequently accrue to me. And wear a mask or face covering when not participating in workouts or on the field of play.

6. I intend that this Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. By signing this document, I agree with the waiver and I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Print Name of Athlete: _____

Name and Signature of Minor(s) Parent/Legal Guardian or Custodian: _____

Date: _____

