



Buda Youth Sports Association

PO Box 456 Kyle, TX 78640

www.budabandits.org

2018 Football & Cheer Waiver Form

First Name	Middle Name	Last Name
Date of Birth	Home Phone	Cell Phone
Parent/Guardian Name		
Address		
Primary Email Address		

Is this child covered by private or government medical insurance? YES NO

If the child is **not** covered by any medical insurance, please initial the following insurance waiver:

_____ **Insurance Waiver:** I, the guardian of this child, do not have my own Health/Injury Insurance coverage on this child. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage, and do hereby waive, release, absolve, indemnify and agree to hold harmless BYSA, CFPO, HCISD, the host organization, the sponsors, supervisors, participants, volunteers, and any other persons involved in BYSA.

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Please read and initial the following equipment liability waiver and physical exam agreement:

_____ **Equipment Waiver:** I understand that Parents/Guardians are responsible for the return of all issued equipment and uniforms, clean and in good condition, to BYSA. We, the Parents/Guardians, will be responsible for reimbursement to BYSA any cost of lost or excessively damaged equipment and/or uniforms.

_____ **Physical Liability and Examination:** I understand that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither BYSA or CFPO, nor any other host site or sponsor assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the organization, the above player should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said player by any physician, athletic trainer, nurse, or organization representative. I do hereby agree to indemnify and save harmless the organizations and any representative from any claim by any person on account of such care and treatment of said player. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this player's participation, I agree to notify BYSA Representatives of such illness or injury. I understand that it is strongly recommended to have a current physical exam prior to participation in the football or cheer programs.

Printed Parent/Guardian Name _____ Date: _____

Parent/Guardian Signature: _____ Council Member Signature: _____