Participant Waiver & Guardian Consent

Youth sports participation | Parent/guardian signature required | Applies to the identified sport and season

PLEASE READ CAREFULLY. THIS DOCUMENT INCLUDES AN ASSUMPTION OF RISK AND A RELEASE OF CERTAIN LEGAL CLAIMS. A PARENT OR LEGAL GUARDIAN MUST SIGN FOR A MINOR PARTICIPANT.

1 | Permission to participate

I am the parent or legal guardian of the child identified below (the "Participant"). I authorize the Participant to take part in youth athletic activities organized by Cleveland Sports Association ("CSA"), including games, practices, clinics, and related on-site activities for the sport and season identified on this form. Participation is voluntary and subject to CSA rules and safety directions.

2 | Understanding and accepting sports risks

I understand that youth sports, including basketball and flag football, involve physical activity, running, contact with other players, falls, collisions, equipment, and playing surfaces. Even with rules and reasonable supervision, injuries can occur, including sprains, broken bones, dental injuries, concussions, other head or neck injuries, permanent disability, and, rarely, death. I understand that risks can arise from the actions or omissions of the Participant, other players, spectators, coaches, officials, or others, and from facility conditions. I voluntarily accept the ordinary and inherent risks of participation on behalf of myself and, to the extent legally permitted, the Participant.

3 | Medical and safety responsibilities

I will not send the Participant to play when injured, ill, or medically restricted. I will tell CSA before participation about any health or safety restriction that staff reasonably need to know to help protect the Participant. I understand that CSA personnel are not a substitute for medical professionals and cannot guarantee that all injuries will be prevented. I will follow CSA procedures for removal from play, including concussion and sudden-cardiac-arrest precautions, and will obtain required medical clearance before return.

4 | Emergency assistance

If I cannot be reached promptly in a medical emergency, I authorize CSA personnel to call 911, contact emergency medical services, and share information reasonably needed for emergency care. I understand CSA does not itself provide medical treatment or guarantee access to on-site medical professionals. This authorization does not prevent me or emergency responders from making appropriate medical decisions. I understand that I or my health insurer may be responsible for medical expenses.

5 | Release of liability - read carefully

To the fullest extent allowed by Ohio law, I, individually and as the Participant's parent or legal guardian, release CSA and its owners, officers, employees, coaches, referees, volunteers, and agents (the "Released Parties") from claims for personal injury, death, or property damage caused by the ordinary negligence of a Released Party arising from the Participant's authorized participation in CSA activities. This release is intended to apply only to claims that may lawfully be released, and does not release claims arising from reckless, willful, intentional, or other misconduct that cannot legally be waived. If any provision is unenforceable, the remaining provisions will remain effective to the extent permitted by law.

6 | Parent/guardian commitments

I agree to follow CSA policies and sport-specific rules; to ensure the Participant follows coaches' and referees' safety instructions; and to promptly report injury or safety concerns. I understand that CSA may remove a Participant from an activity when safety or conduct requires it. This waiver is separate from any concussion information sheet, Lindsay's Law acknowledgment, or other form required by Ohio law.

By signing below, I confirm I am authorized to consent for this child, have read this document, understand its legal effect, and sign voluntarily.

Participant and guardian information

Participant full name _____

Sport / season _____

Parent or legal guardian full name _____

Relationship to participant _____

Guardian phone number _____

Emergency contact phone (if different) _____

Parent/guardian signature _____

Date _____

For online registration: CSA may also collect consent through an electronic signature or required checkbox tied to the guardian's registration record.