

TFUSA Regional Women's Throwball Championship

2026

Parent / Guardian Consent Form for Minor Participants

Please read this Consent Form carefully before signing. By signing below, you acknowledge that you understand and agree to the terms described in this document.

Minor Participant Information

Full Name: _____

Date of Birth: _____

State Id: _____

Passport Number (if applicable): _____

Nationality: _____

Address: _____

City / State / Zip / Country: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Known Medical Conditions / Allergies (if any): _____

Parent / Guardian Information

Full Name: _____

Relationship to Minor: _____

Contact Number: _____

Email Address: _____

Address (if different from minor): _____

Consent and Acknowledgment

I, _____ (Parent/Guardian's Full Name), as the lawful parent or legal guardian of _____ (Minor's Full Name), hereby give my informed consent for my child to participate in the TFUSA Regional Women's Throwball Championship 2026 organized by the Throwball Federation of United States of America (TFUSA) on **September 12, 2026** (Saturday) at **47 READINGTON ROAD - BRANCBURG, NJ 08876** (the "Event" and the "Venue").

1. Travel and Accommodation

I authorize my child to travel for the purpose of participating in this tournament, including any necessary domestic or international travel if applicable. I confirm that all required travel documents, visas (if required), accommodation, and transportation arrangements will be properly arranged.

2. Medical Authorization

I confirm that my child has appropriate medical or travel insurance coverage. In the event of illness, injury, accident, or other medical emergency involving my child, I authorize tournament officials, representatives, or designated staff to arrange for and obtain any medical assessment, treatment, or hospital care deemed reasonably necessary. I understand that I am responsible for all related medical costs.

3. Waiver of Liability

I understand that participation in athletic and sporting activities involves inherent risks of injury. To the fullest extent permitted by law, I hereby release and discharge the Throwball Federation of United States of America (TFUSA), its officers, directors, employees, volunteers, agents, and associated organizers from any claims or liabilities arising out of or related to my child's participation in the tournament.

4. Code of Conduct

I understand that my child must follow all rules, safety guidelines, and instructions provided by tournament officials and venue staff. Failure to comply with these rules may result in disciplinary action or removal from participation in the tournament.

5. Media Consent

I grant permission for TFUSA to capture and use photographs, video recordings, and other media containing my child's image or likeness for promotional, marketing, or organizational purposes related to the event.

6. Governing Law

This consent form shall be governed by and interpreted in accordance with the laws of the State of New Jersey, United States.

Signature and Authorization

Parent/Guardian Name (Print): _____

Signature of Parent/Guardian: _____

Date: _____

****I CONFIRM THAT I HAVE READ THIS CONSENT FORM CAREFULLY AND THAT I UNDERSTAND AND AGREE TO ITS TERMS.****