



FORM NT

ILLINOIS YOUTH SOCCER ASSOCIATION ("IYSA")  
2020/21 NON-IYSA/US YOUTH SOCCER & FOREIGN TEAM AGREEMENT

**The Team must complete and submit this form to The Tournament Host at The Tournament registration!**

(The Tournament Host will submit this completed form and all attachments to Illinois Youth Soccer (IYSA) office with Post Tournament Report.)

Check One: ☐ NON-IYSA/US YOUTH SOCCER TEAM ☐ FOREIGN TEAM **Do not complete this form for an IYSA/US Youth Soccer Team**

IYSA Sanctioned Tournament ("Tournament") \_\_\_\_\_ Tournament Date(s) \_\_\_\_\_

Tournament Host \_\_\_\_\_

Tournament Location \_\_\_\_\_

The Team \_\_\_\_\_ Age U- \_\_\_\_\_ Check One: ☐ Boys or ☐ Girls

The Team's Head Coach \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Coach's Street Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

US Soccer Affiliation/Foreign Soccer Federation Affiliation \_\_\_\_\_

I, the undersigned Team Coach, Manager, and/or Authorized Representative of The Team certify I that am authorized to conduct business on behalf of the Team.

1. If The Team is not an IYSA/USYSA/USSF Member Organization team, I agree to submit to the Tournament Host at registration a current certificate of liability insurance effective for the tournament dates naming the Illinois Youth Soccer Association (hereinafter known as IYSA) and the Tournament Host as additional insured in the minimum amount of \$2 Million.
2. I agree to submit to the Tournament Host at registration proof that The Team, including its players and coaches, has permission and insurance from the US Soccer affiliate to participate in the Tournament.
3. I understand and agree that The Team, its members and related individuals are NOT covered by IYSA insurance for any and all claims including Covid related claims and incidences arising out of The Team's participation in the Tournament.
4. I agree to submit to the Tournament Host at registration a parent/guardian completed, signed and unaltered IYSA Emergency Medical Release & Liability Waiver and the IYSA Communicable Disease Release of Liability and Assumption of Risk Agreement for each of The Team's players, coaches and The Team's personnel.
5. I certify that for all of The Team's players and coaches have a current valid player pass from The Team's US Soccer Member Organization or foreign soccer Federation. I understand that I have to present these passes to The Tournament Host at registration. The coach's pass must include the coach's name and photo. The player's pass must include the player's name, photo and date of birth.
6. I certify that The Team's coaches/managers/trainers, etc. (adults that have regular contact with or authority over and/or have access to the data of youth participants) have successfully completed and passed within the current year a background search that complies with US Soccer and Illinois Youth Soccer search requirements and the national Council of Youth Sports criteria.
7. I certify that The Team's coaches/managers/trainers have a Centers for Disease Control (CDC) *Heads Up Concussion in Youth Sports* Training Certificate.
8. I certify that The Team's coaches/managers/trainers, etc. (adults that have regular contact with or authority over and/or have access to the data of youth participants) have the current year US Center for SafeSport Training Certificate.
9. I agree to submit to the Tournament Host at registration a copy of The Team's current certified, official US Soccer Member Organization's or Foreign Soccer Federation's roster.
10. I agree that only the players listed on the Team's Roster may participate in the Tournament and that no roster changes will be permitted during the course of the Tournament.
11. By my signature below, I agree that I, The Team coaches, players and everyone affiliated with The Team shall abide by the rules and regulations of the IYSA sanctioned tournament.

*On behalf of The Team I understand and agree to abide by all the requirements set forth in this Agreement and certify that the information provided by me is true and correct. I acknowledge and understand that the players and coaches of The Team are not covered by IYSA insurance for any and all injuries and claims including Covid related claims arising of The Team's participation in this IYSA approved tournament ("Tournament") and further certify that I have insurance coverage for all of The Team's members from the US Soccer affiliated organization or Foreign Soccer Federation. I further understand that neither the IYSA nor their Affiliates are liable for transportation, lodging, or injury to persons or property sustained in the course of this approved event. On behalf of The Team I also agree to defend, indemnify and hold harmless the IYSA, its officers, directors, coaches, managers, employees, agents, associated personnel, affiliated organizations, and sponsors from and against any and all liabilities, losses, fines, penalties, costs, expenses and reasonable attorney's fees that arise out of any and all allegations asserted in any third party claim, demand, suit, or cause of action or proceeding arising out of any of the following, whether actual or alleged: (a) any bodily injury, including death, to persons or damage or loss of property which result in whole or in part from any act or omission of the IYSA and the Tournament Host relating to the IYSA and the Tournament Host carrying out its obligations under this Agreement; and (b) any breach of this Agreement.*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_