**BYAA Sports Liability Waiver Form**

I am not aware of any injury, illness or other health related issues ***that would restrict or limit*** my child’s ability to play competitive sports.

I agree to assume all risks and expenses due to an injury that may occur as a result of my child’s involvement in competitive sports’ practices, games and/or travel to and from said activities.

I agree to hold the Belvidere Youth Athletic Association or anyone acting on its behalf either as a coach, a coaching assistant, or administrator harmless in the event of an injury to my child while participating under the supervision of the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of athlete

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date