

## **FORM NT**

## **ILLINOIS YOUTH SOCCER ASSOCIATION ("IYSA")** 2025 NON-IYSA/US YOUTH SOCCER & FOREIGN TEAM AGREEMENT

IYSA Sanctioned Tournament ("Tournament")		Tournament Date(s)		
Tou	rnament Host			
Tou	rnament Location			
The	Team	Age U-	Check One: Boys of Girls	
The Team's Head Coach		Cell Phone (		
	ch's Street Address			
	, State, Zip			
	Soccer Affiliation/Foreign Soccer Federation Affiliation			
I, the	e undersigned Team Coach, Manager, and/or Authorized Representative Team listed herein.  I agree to submit to the Tournament Host at least Fourteen (14) days coaches, has permission and insurance from the US Soccer affiliate I agree to submit to the Tournament Host at least Fourteen (14) days p & Liability Waive for each of The Team's players and coaches.  I agree to submit to the Tournament Host at least Fourteen (14) d Certification Form.  If The Team is not an IYSA/USYSA/USSF Member Organization te	re of The Team certify I that am authorized prior to the start of the Tournament proof to participate in the Tournament. rior to the start of the Tournament the curre ays prior to the start of the Tournament am, I agree to submit to the Tournament Ho	that The Team, including its players and ent IYSA Emergency Medical Release The Team's IYSA Risk Management opt at least Fourteen (14) days prior to	
5.	the start to the start of the Tournament a current certificate of insurar no less than One Million Dollars (\$1,000,000) per occurrence and bodily injury, property damage, and shall not contain any exclusion shall be listed as an additional insured and coverage shall apply as p limits may be satisfied by a combination of primary and umbrella/ e I understand and agree that The Team, its members and related indivi	rt to the start of the Tournament a current certificate of insurance evidencing a. Commercial General Liability insurance policy with limits of s than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollar (\$3,000,000) general aggregate. Coverage shall include injury, property damage, and shall not contain any exclusions or sub-limits for participants, volunteers or sexual abuse/molestation. IYSA se listed as an additional insured and coverage shall apply as primary and non-contributory to any insurance maintained by IYSA. The above may be satisfied by a combination of primary and umbrella/ excess liability policies written on a follow-form basis. restand and agree that The Team, its members and related individuals are NOT covered by IYSA insurance tor any and all claims and incidences		
5.	start of the Tournament a completed, signed by the the parent/guard Medical Release & Liability Waiver.	nnel, I agree to submit to the Tournament Host at least Fourteen (14) days prior to the guardian for a minor or the adult participant the current, unaltered IYSA Emergency		
7.	I certify that for all of The Team's players and coaches have a cur foreign soccer Federation/National Association. I understand that I ha must include the coach's name and photo. The player's pass must inclu	ive to present these passes to the Tournamen ude the player's name, photo and date of bir	t Host at registration. The coach's pass rth.	
8.	I certify that The Team's coaches/managers/trainers, etc. (adults that I participants) have successfully completed and passed within the currequirements of US Soccer, Illinois Youth Soccer and the National Coaches	rent year a valid background search that Council of YouthSports	complies with the criteria and search	
9.	participants) have the current year US Center for SafeSport Training	at have regular contact with or authority over and/or have access to the data of youth ing Certificate.		
10.	I certify that The Team's coaches/managers/trainers have a Concussio Heads Up Concussion in Youth Sports.	n Training Completion Certificate from the	e National Alliance for Youth Sports or	
11.	I agree to submit to the Tournament Host at least Fourteen (14) days p	rior to the start of the Tournament a copy o	fThe Team's current certified, official	
2.	US Soccer Member Organization's or Foreign Soccer Federation/Na I agree that only the players listed on the Team's Roster may particip	ion/National Association roster and Guest Player Form.  articipate in the Tournament and that no roster changes will be permitted		
13.	during the course of the Tournament.  By my signature below, I agree that I, The Team coaches, players and the IYSA sanctioned tournament.		- •	
knowl d any all oj filiates d hola liabil use of sult in	If of The Team I understand and agree to abide by all the requirements set for ledge and understand that the players, coaches and everyone associated with The other communicable disease arising of The Team's participation in this IYSA at The Team's members from the US Soccer affiliated organization or Foreign Socare liable for transportation, lodging, or injury to persons or property sustained tharmless the IYSA, its officers, directors, coaches, managers, employees, ager ities, losses, fines, penalties, costs, expenses and reasonable attorney's fees the faction or proceeding arising out of any of the following, whether actual or alle whole or in part from any act or omission of the IYSA and the Tournament Hight, and (b) any breach of this Agreement.	e Team are not covered by IYSA insurance for ar pproved tournament ("Tournament") and fun- iccer Federation/National Association. I furthe in the course of this approved event. On behalfo, inst, associated personnel, affiliated organization at arise out of any and all allegations assertea ged:(a) any bodily injury, including death, to p	ny and all injuries and claims including Covid ther certify that I have insurance coverage r understand that neither the IYSA nor their fThe Team I also agree to defend, indemnify was, and sponsors from and against any and in any third party claim, demand, suit, or ersons or damage or loss of property which	

Title

Signature

Print Name

Date