

YONKERS YOUTH FOOTBALL CLINIC



**NEW YORK
STREETS™**



In partnership with Yonkers Public Schools & My Brother's Keeper, NY Streets Football, a professional arena football team will host its annual Football Clinic for 100 Yonkers High School Students!

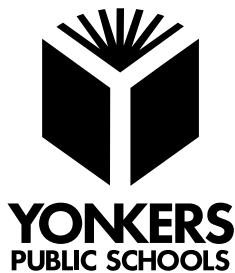
Date: Wednesday, June 12th
Time: 3:30p-5:30p
Location: Roosevelt High School



To register, please e-mail dina@nystreetsfootball.com

MUST REGISTER TO PARTICIPATE

Students MUST bring BOTH waivers signed by the student's parent/guardian to Roosevelt High School on June 12th



Innovation • Inspiration • Excellence for All

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Yonkers, New York 10701
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equezada@yonkerspublicschools.org

Dr. Edwin M. Quezada
Superintendent of Schools

Dr. Andrea Coddett
Deputy Superintendent

Student Name: _____

I, (NAME OF PARENT/GUARDIAN) _____, hereby acknowledge that I have read and fully understood any enclosed waivers and/or other documents from NY Streets (the “Program” and/or “activities”) relating to the “Yonkers Football Clinic on June 12, 2019” and I hereby give permission for the Program and Yonkers Public Schools to use in perpetuity (STUDENT’S NAME) _____’s picture, likeness, voice and words, either alone or accompanied by other material in any manner, throughout the world, for the purpose of documenting, advertising, publicity, trade or any other lawful purpose whatsoever, in any media now known or ever developed worldwide.

I agree to waive, release, absolve, hold harmless, defend and indemnify the Yonkers Public Schools and the City of Yonkers (hereinafter collectively the “City”), their officials, officers, agents and employees from any and all claims, suits, actions, damages and/or causes of action for any personal injury, loss of life, property damage and other liability arising out of my participation in the activities, the use of the facility or in any way relating to or arising from any incidence occurring during the activities or while participating in the activities, including the City’s attorney’s fees and costs. This waiver and release is intended to be an express waiver of and release from any and all claims against the City, their officials, officers, agents and employees arising from the activities, including all claims or causes of action based on the alleged negligence or gross negligence of the City, or its officials, officers, agents or employees. I expressly agree that this waiver and release shall be interpreted as releasing the City, its officials, officers, agents and employees from all liability and claims to the fullest extent allowed by New York law.

Parent/Guardian Signature: _____

Dated: _____

Parent/Guardian Name (print): _____

Student Signature (if over 18): _____

Dated: _____

Student Name (print): _____



WAIVER/RELEASE FORM FOR NY Streets Yonkers Football Clinic Presented in partnership with Yonkers Public Schools & My Brother's Keeper Yonkers.

Student Name: _____

School: _____ **Grade:** _____

I. PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in The NY Streets Football Clinic, does hereby grant permission for his/her participation in any and all conditioning camp activities.

* Initials: _____

II. PHOTO RELEASE

I give permission for photographs taken of my child/ward while participating in the NY Streets Football Clinic to be used in marketing/public relations material in the promotion of NY Streets Football camp and community initiatives.

* Initials: _____

III. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, NY Streets Football, Legacy Growth Partners, Yonkers Public Schools, My Brother's Keeper, the officers, directors, coaches, sponsors, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* Initials: _____

IV. MEDICAL RELEASE

Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

Participant: _____ Date of Birth _____

Parent or Guardian Name: _____

Home Telephone#: _____ Business Telephone#: _____

Cell Phone#: _____



If parent or legal guardian cannot be reached, please call:

Name: _____ Telephone #: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention. Include any medication(s) that your child uses regularly:

***Initials:** _____

I hereby grant permission to The NY Streets or Yonkers Public Schools to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

***Initials:** _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

**PRINT Parent or Legal Guardian Name
Date**

SIGNATURE Parent or Legal Guardian &
