



CLEVELAND YOUTH GAELIC ATHLETIC ASSOCIATION 2018 REGISTRATION

Player Name: _____

Date of Birth: _____ Age on 1/1/2018: _____

Address: _____

Guardian(s): _____

Phone (s): _____

Email(s): _____

(emails will be used for club correspondence, anyone interested

In club events can be added to the email list. Ex. grandparents)

Select Shirt Size: YS YM YL AS AM AL AXL AXXL

Additional Shirts: _____

(\$15/ea) Note quantity and size

Registration Cost: \$35 / Player

Ball(s): _____ at \$20/each (includes shipment from Ireland)

Total Fee: _____ Checks Payable to: GAA Cleveland

Return forms to: ClevelandYouthGAA@gmail.com

Send Payments to: Cleveland GAA, 8559 Jennings Road, Olmsted Township, OH 44138

**** IMPORTANT – Include attached Waiver Forms with Registration ****

NORTH AMERICAN GAELIC ATHLETIC ASSOCIATION RELEASE OF LIABILITY

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE THE RELEASED PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

This Participation Agreement and Waiver and Release of Liability is entered into by the undersigned "Participant" in favor of North American County Board Gaelic Athletic Association (American Gaelic Games, US GAA), its member unions, clubs, organizations, affiliates, partners, sponsors, vendors, directors, officers, employees, volunteers, members, agents, contractors, contracted entities and facilities and the owners and lessors thereof, (hereinafter referred to as "North American GAA" or collectively as the "Released Parties"). I understand that participation in North American Gaelic Athletic Association activities is a privilege but not a right. In consideration for the privilege of participation in North American GAA activities, I and my Parent/Guardian, if applicable, acknowledge and agree as follows:

1. Participation in the activities of the North American GAA, including but not limited to warm-up, training, practice, games, clinics, tournaments, travel, and social events (referred to herein as the "Activities"), includes participation in a full-contact sport, requires good health and fitness and can be HAZARDOUS AND PRESENT A DANGER TO ME. I believe I am qualified to participate in the Activities, and if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activities.
2. Participation in Activities exposes me to RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions and/or high altitude; flaws and defects in equipment and facilities; irregular field conditions; and negligent field maintenance, negligent officiating, negligent coaching and negligent participation. Risks may be caused by my own actions, or inaction, the actions or inaction of others participants, the condition of the facilities in which the Activities take place, and/or THE NEGLIGENCE OF THE "RELEASED PARTIES." There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time.
3. Assumption of the Risks. I CONSENT TO PARTICIPATION IN THE ACTIVITIES AND FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of such participation.
4. Waiver and Release of Liability. In consideration for the privilege of my participation in the Activities, I hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASED PARTIES from any and all liability, demands, losses, medical expenses, lost opportunities, damages or attorney's fees and costs stemming from any or all claims for negligence, expressed or implied warranty, contribution, and indemnity, and/or claims of negligent rescue operations, first aid, and emergency care, to the broadest extent permitted by applicable law, including C.R.S. § 13 – 22 -107 if I am a Minor, suffered by me and incurred on my account with respect to my personal injury and other injury or harm, disability, and/or death, or property damage, arising directly or indirectly from my participation in Activities, as caused or alleged to be caused in whole or in part by the Released Parties or any of them, and further agree that if, despite this Release, I or any other person makes a claim on my behalf against any of the Released Parties, unless, and to the extent, prohibited by law, I AND MY PARENT/GUARDIAN, IF APPLICABLE, WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LIABILITY, LITIGATION EXPENSES, ATTORNEY FEES, LOSSES, DAMAGES OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM, WHETHER ASSERTED BY ME, MY PARENT/GUARDIAN, IF APPLICABLE, OR ANOTHER PERSON.
5. Governing Law, Venue and Jurisdiction: I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law and shall be governed by any state law. In the event of a dispute, the exclusive venue and jurisdiction for any lawsuit arising out of such dispute shall be the state or the federal courts located in the any of the 50 states.
6. Severability: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated.

I HEREBY CERTIFY THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT, THAT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASED PARTIES. THIS RELEASE SHALL BE EFFECTIVE AND BINDING UPON ME. I FURTHER REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF I AM UNDER THE AGE OF 18, THAT MY PARENT OR GUARDIAN HAS SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.

Participant Signature

Printed Name

Date

*If the player is a minor, parent must sign the waiver as well.

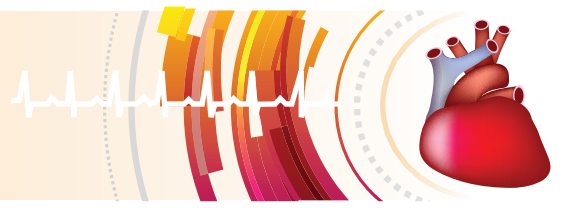
Parent's Signature

Printed Name

Relationship to the Minor

Date

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date