



Toledo Football Academy

“Building Character One Goal at a Time”

www.toledofootballacademy.org

CONSENT AND WAIVER FORM

Player Name: _____

Player Team: U-_____

Parents (and player/s) must read, initial, sign and return this Consent and Waiver Form BEFORE participation in any Toledo Football Academy (TFA) activity. Players will not be allowed to participate in practices, games, camps, tryouts or any other form of activity until this document is returned, signed by the players and parents. If one parent signs the consent/waiver sheet, BOTH parents are held liable for their actions. One parent signature constitutes that both parents have read and agree to abide by the rules of the Toledo Football Academy's Player/Parent Expectations Form.

I: Consent/Waiver Agreement:

I (we), the parent/guardian of the registrant, agree that we will abide by the rules of the Toledo Football Academy, the Ohio North Youth Soccer Association (OYSAN), and all affiliated organizations. I/we realize there are risks involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation in the program.

Parent Initial: _____

II: Player/Parent Fee Agreement:

I (we), the parent/guardian of the registrant, understand that the fees associated with The Toledo Football Academy are non-refundable. I (we) also understand that if any fees remain unpaid at the end of any season, or the time the player leaves Toledo Football Academy for any reason, the remaining balance, if any, is due immediately at that time.

Parent Initial: _____

III: Use of Likeness Agreement:

In witness whereof, the parent and player named below acknowledge that we have read the Toledo Football Academy Player/Parent Expectations Agreement in its entirety, understand the agreement, and agree to abide by all of the provisions set forth in this agreement. I give consent for my child to be photographed, videotaped or filmed while participating in any Toledo Football Academy activities and for the resulting images to be used by Toledo Football Academy for promotional purposes.

Parent Initial: _____

Player name: _____ Player signature: _____ Date: ___/___/___

Parent name: _____ Parent signature: _____ Date: ___/___/___

Passion ♦ Integrity ♦ Fun and Enjoyment ♦ Competition ♦ Respect

P.O. Box 107, Monclova, OH 43542 - 0107

The Toledo Football Academy is a 501 c 3 not for profit corporation