FRIENDLY GAME FORM NT

ILLINOIS YOUTH SOCCER ASSOCIATION (IYSA)

2020 US SOCCER MEMBER TEAM AGREEMENT FOR A NON-IYSA TEAM

The Team must complete and submit this form to The Friendly Game Host prior to the start of the event!

(THE FRIENDLY GAME HOST MUST OBTAIN & SUBMIT TO IYSA PRIOR TO THE START OF THE FRIENDLY GAMES, THIS IYSA FRIENDLY GAME FORM NT FOR EVERY NON-IYSA TEAM, THE IYSA ORGANIZATION COMMUNICABLE DISEASE AGREEMENT AND THE IYSA APPLICATION TO HOST A FRIENDLY GAME.)

Check One: ☐NON-IYSA US YOUTH SOCCER TEAM ☐US SOCCER MEMBER TEAM

IYSA Sanctioned Friendly Games (Friendlies)_____ Friendlies Date(s)_____
The Friendlies Host (Host)_____
FriendliesLocation_____
The Team _____ Age U-_____ Check One: ☐ Boys or ☐ Girls
The Team's Head Coach_____ Cell Phone (_____)_____
Coach's Street Address_____ Email_____
City, State, Zip_____
US Youth Soccer Affiliation/US Soccer Affiliation_____

I, the undersigned Team Coach, Manager, and/or Authorized Representative of The Team certify I that am authorized to conduct business on behalf of the Team.

1. If The Team is not an IYSA League Member, I agree to submit to the Host at registration a current certificate of liability insurance effective for the tournament dates naming the Illinois Youth Soccer Association (hereinafter known as IYSA) and The Friendlies Host as additional insured in the minimum amount of $2 Million.
2. I agree to submit to the Friendlies Host prior to participation at the Friendlies proof that The Team, including its players and coaches, has permission from the US Youth Soccer State Association or US Soccer affiliate to participate in The Friendlies.
3. I understand and agree that The Team, its members and related individuals are NOT covered by IYSA insurance for incidences arising out of The Team's participation in The Friendlies and/or for Covid-19 related claims. I agree to submit to the Friendlies Host prior to the start of the Friendly Games the IYSA Organization Communicable Disease Agreement
4. I agree to submit to the Friendlies Host at registration a parent/guardian completed, signed and unaltered IYSA Emergency Medical Release & Liability Waiver and the IYSA Communicable Disease Release of Liability and Assumption of Risk Agreement for each of The Team's players.
5. I certify that for all of The Team's players and coaches have a current valid player pass from The Team's US Soccer Member Organization or US Youth Soccer State Association. I understand that I have to present these passes to The Friendlies Host at registration. The coach's pass must include the coach's name and photo. The player's pass must include the player's name, photo and date of birth.
6. I certify that The Team's coaches/managers/trainers, etc. (adults that have regular contact with or authority over and/or have access to the data of youth participants) have successfully completed and passed within the current year a background search that complies with US Soccer and Illinois Youth Soccer search requirements and the national Council of Youth Sports criteria.
7. I certify that The Team's coaches/managers/trainers have a Centers for Disease Control (CDC) *Heads Up Concussion in Youth Sports* Training Certificate.
8. I certify that The Team's coaches/managers/trainers, etc. (adults that have regular contact with or authority over and/or have access to the data of youth participants) have the current year US Center for SafeSport Training Certificate.
9. I agree to submit to the Friendlies Host at registration a copy of The Team's current certified, official US Soccer Member Organization's or Foreign Soccer Federation's roster.
10. I agree that only the players listed on the Team's Roster may participate in The Friendlies and that no roster changes will be permitted during the course of The Friendlies.
11. By my signature below, I agree that I, The Team coaches, players and everyone affiliated with The Team shall abide by the rules and regulations of the IYSA.

On behalf of The Team I understand and agree to abide by all the requirements set forth in this Agreement and certify that the information provided by me is true and correct. I acknowledge and understand that the players and coaches of The Team are not covered by IYSA insurance for injuries and claims arising of The Team's participation in this IYSA approved tournament (The Tournament) and further certify that I have insurance coverage for all of The Team's members from the US Soccer affiliated organization or the US Youth Soccer State Association. I further understand that neither the IYSA nor their members or affiliates are liable for transportation, lodging, or injury to persons or property sustained in the course of this approved event. On behalf of The Team I also agree to defend, indemnify and hold harmless the IYSA, its officers, directors, coaches, managers, employees, agents, associated personnel, affiliated organizations, and sponsors from and against any and all liabilities, losses, fines, penalties, costs, expenses and reasonable attorney's fees that arise out of any and all allegations asserted in any third party claim, demand, suit, or cause of action or proceeding arising out of any of the following, whether actual or alleged:(a) any bodily injury, including death, to persons or damage or loss of property which result in whole or in part from any act or omission of the IYSA and the Tournament Host relating to the IYSA and the Tournament Host carrying out its obligations under this Agreement; and (b) any breach of this Agreement.

_____	_____	_____	_____
Signature	*Print Name*	*Title*	*Date*