

VELOCITY SPORTS MANAGEMENT

ELITE FLAG FOOTBALL PROGRAM — SPRING 2026

PARTICIPANT WAIVER, LIABILITY RELEASE & PARENTAL CONSENT FORM

Season: May 1, 2026 – June 6, 2026 | Ages 10–12 | Sign-Up Deadline: April 14, 2026

Thank you for your interest in the Velocity Sports Management Elite Flag Football Program. Registration Deadline: Tuesday, April 14, 2026. Before your child may participate in tryouts, practices, games, or any program-related activities, a parent or legal guardian must complete, sign, and return this form. Please read carefully before signing.

SECTION 1 — ATHLETE & PROGRAM INFORMATION

Athlete's Full Name: _____ Date of Birth: _____

Age: _____ Gender: _____

School / Grade: _____ Jersey Size (Youth): _____

Primary Phone: _____ Secondary Phone: _____

Parent / Guardian Name: _____ Relationship: _____

Email Address: _____

Home Address: _____ City / Zip: _____

SECTION 2 — EMERGENCY CONTACT & MEDICAL INFORMATION

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: _____ Alt. Phone: _____

Known Medical Conditions / Allergies / Medications:

Primary Care Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

SECTION 3 — ASSUMPTION OF RISK & LIABILITY WAIVER

I, the undersigned parent or legal guardian, acknowledge and agree to the following:

1. ASSUMPTION OF RISK. I understand that participation in flag football, speed and combine training, and all related athletic activities involves inherent risks of physical injury, including but not limited to sprains, strains, fractures, concussions, and other injuries. I voluntarily accept these risks on behalf of my child.
2. RELEASE OF LIABILITY. I hereby release, waive, discharge, and hold harmless Velocity Sports Management, its officers, coaches, staff, volunteers, sponsors, and partner facilities (including Stamped Sports Complex and Borough Park) from any and all claims, demands, losses, damages, or causes of action arising from or related to my child's participation in the 2026 Elite Flag Football Program, whether caused by negligence or otherwise.
3. MEDICAL AUTHORIZATION. In the event my child requires emergency medical treatment and I cannot be reached, I authorize Velocity Sports Management staff to seek and consent to emergency medical care on my child's behalf. I agree to be financially responsible for any medical expenses incurred.
4. MEDIA RELEASE. I grant Velocity Sports Management permission to photograph, film, and record my child during program activities, and to use such media for promotional, educational, or social media purposes without compensation.
5. CODE OF CONDUCT. I agree that my child will conduct themselves in a respectful, sportsmanlike manner. I understand that violations of the Code of Conduct may result in removal from the program without refund.
6. PROGRAM POLICIES. I understand that practices will be held 1–2 days per week at Borough Park or nearby TBD facilities, and that games are played Friday evenings at Stamped Sports Complex. I agree to ensure my child's timely attendance and proper preparation for all activities.
7. SPONSORED PARTICIPATION. I understand that selected athletes may have program costs covered through sponsorship. Sponsorship decisions are made solely by Velocity Sports Management and may be revised at any time.
8. TRAVELING TEAM & DEVELOPMENT PROGRAMS. I acknowledge that selection to the VSM Junior Elite Traveling Team or the Athlete Collegiate Development Program is competitive, at the sole discretion of VSM coaching staff, and does not constitute a guarantee of participation.

SECTION 4 — PARENT / GUARDIAN ACKNOWLEDGMENTS

Please initial each line to confirm your understanding:

- _____ I have read and understand the full Waiver and Liability Release in Section 3.

- _____ I grant permission for my child to participate in the 2026 VSM Elite Flag Football Program.
- _____ I grant permission for emergency medical treatment if I cannot be reached.
- _____ I grant media/photo/video release as described in Section 3, Item 4.
- _____ I have disclosed all known medical conditions and allergies above.
- _____ I understand the practice and game schedule and commit to my child's attendance.
- _____ I agree to abide by all Velocity Sports Management policies and Code of Conduct.

SECTION 5 — SIGNATURES

By signing below, I confirm that I am the parent or legal guardian of the named athlete, that I am at least 18 years of age, that I have read this entire document, and that I agree to all terms stated herein.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____ Date: _____

Athlete Signature (if 12+): _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Roster #: _____ Sponsorship Status: Sponsored Standard

Traveling Team Eligible: Yes No Collegiate Dev. Program: Yes No

Notes: _____