CUDL2024 Sign-up Form

Full Name

_____

Age

_____

Email

_____

Phone

_____

Shirt size for jersey

_____

Player Signature*

_____

**By signing, I agree to CUDL's Terms and Conditions.*

If the Player is under 18 years of age, a parent or legal guardian must fill out the following fields.

Parent/Guardian Phone

_____

Parent/Guardian Signature

_____

By signing, I agree to CUDL's Terms and Conditions.

☐ Have you ever been convicted of a felony?

Players convicted of a felony will be considered for admission on a case by case basis.

INJURY / CONCUSSION PROTOCOL

Christian Ultimate Disc League - updated 10/28/22

STEP 1: INJURY OCCURS

Players, a referee, and/or the Team Captain observe the injury or the athlete reports it. If the injury is significant, the athlete is immediately removed from play.

Injuries that are deemed significant include (but are not limited to)
- broken bones
- any head, neck, or back injury
- any injury that impedes play

An athlete may return to play once his or her team captain deems it appropriate. In the case of a concussion or similar head injury, written medical permission is required to return to play.

STEP 2: CONCUSSION EVALUATION

Volunteer medical personnel evaluates the injured athlete.
The presence of a suspected concussion will be solely based on the signs and symptoms observed by the volunteer medical personnel.
No athlete who displays symptoms of a possible concussion will return to play the same day.
The decision of the volunteer medical personnel is final.

STEP 3: INJURY REFERRAL

Once a concussion is suspected, the volunteer medical personnel will contact the parents (if the athlete is under 18) with take-home instructions for follow-up care, observation cues, red flag symptoms to watch for, and instructions for referral.
All athletes must receive written clearance from a physician prior to returning to play. Any certified medical professional is acceptable, although the athlete's Primary Care Physician is recommended.
A full incident report will be completed and filed by the Team Captain.

STEP 4: RETURN-TO-PLAY

In order to return to play, the injured athlete must receive written clearance from a healthcare professional. Players with a suspected concussion may not return to play on the same week of the injury.

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Christian Ultimate Disc League ("CUDL") athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS CUDL, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, Mack Park, the J. S. Mack Foundation, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR PARTICIPANTS AGE 18 OR GREATER AT THE TIME OF REGISTRATION:

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature:_____

DATE SIGNED:_____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name:_____

Parent/Guardian Signature_____

DATE SIGNED:_____

Emergency Phone Number: (_____)_____