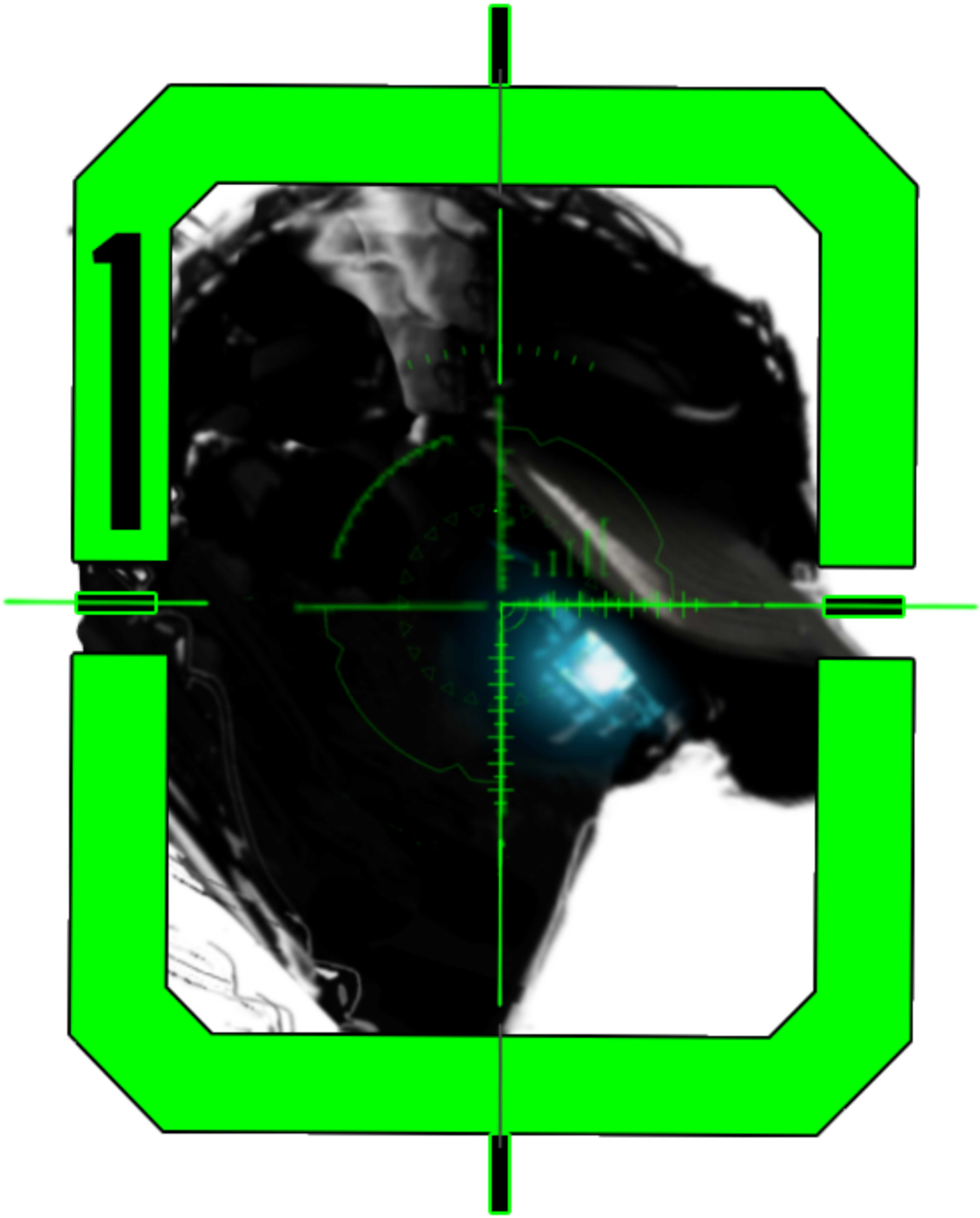
2026 REGISTRATION PACKET

AHTLETES NAME



NFMS OPS

RETURN ALL COMPLETED REGISTRATION FORMS TO
nfmsops@gmail.com

NFMS OPS

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCL. COVID-19

SECTION I: PLAYER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	AGE AS OF JAN 1 2026	DOB

ADDRESS	CITY	ZIP CODE

EMERGENCY CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL ADDRESS

SECTION II: ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of NFMS OPS, SCEYFL-AAU Football, & Cheer Conference and its associated member athletic programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does 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 as regards protection against infectious diseases. If, however, i observe and any unusual or 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 (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

SECTION III: DISCLOSURE AND CONSENT

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 presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. 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 Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

NFMS OPS

PROVIDE COPY OF BIRTH CERTIFICATE OR VALID CALIFORNIA I.D.

PARTICIPANT APPLICATION/CONTRACT

☐ 5-V-5 ☐ 7-V-7 / FLAG ☐ CHEER / DANCE ☐ TACKLE

SECTION I: PLAYER INFORMATION |

FIRST NAME	MIDDLE NAME	LAST NAME	AGE	DOB

ADDRESS	CITY	ZIP CODE

EMERGENCY CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL ADDRESS

DIVISION ASSIGNMET: 6U ☐ 8U ☐ 10U ☐ 12U ☐ 13U ☐ 14U ☐

SECTION II: DISCLOSURE AND CONSENT | *TO BE COMPLETED BY CANDIDATE PARENTS/GUARDIANS*

PARENT CONSENT

I/We the parents/guardians of the above-named candidate hereby give my/our approval to his participation in any and all NFMS OPS activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the NFMS OPS chapter, and the SCEYFL-AAU, including sponsors and other related participants, for any injury to my/our child. NFMS OPS has advertising, modeling and photo copyrights.

EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete responsibility for the proper care and maintenance of all equipment loaned to candidate. I understand all equipment is to be used for NFMS OPS activities only and that all equipment remains the legal property of the chapter. I/We agree to reimburse the chapter for any and all equipment loaned to my child, which is lost, damaged or stolen; with the payment due when equipment is requested, or immediately upon the withdrawal of said candidate.

RULES AND REGULATIONS

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team and chapter to comply with any and all rules and regulations of NFMS OPS & SCEYFL-AAU. Any noncompliance with rules and regulations shall be cause for dismissal or suspension from all future NFMS OPS & SCEYFL-AAU sanctioned and unsanctioned events.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

NFMS OPS

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Athletes Name: _____

Please Print

Waiver: In consideration of the insurance requirement being waived, I, we, my organization, my company, myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge from liability, and covenant not to sue the NFMS OPS OR 1NFAMOUS SPEED INC., its officers, employees, and agents for liability from any and all claims resulting in any injury, accidents or illness, death and property loss arising from this activity, but not limited to, services or products provided.

Activity or Services Provided: _____

_____ _____

Signature Date

Assumption of Risks: Engaging in the above activities/services carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, accidents, mistakes, errors or omissions. The specific risks vary from one activity to another, but range from physical injuries such as from slips and falls to property damage or loss to include auto accidents or other unforeseen accidents.
I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in this activity/event. I hereby assert that I, do currently maintain coverage for these risks whether first party or third party, and that I knowingly assume all such risks as a part of the consideration of this activity. I understand I, will not be covered by any of NFMS OPS OR 1NFAMOUS SPEED INC., liability insurance coverage, whether self-insurance, commercial, automobile or workers compensation coverage.
Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the NFMS OPS OR 1NFAMOUS SPEED INC.HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of participation in this event, activity or services and to reimburse NFMS OPS OR 1NFAMOUS SPEED INC. for any such expenses incurred by the NFMS OPS OR 1NFAMOUS SPEED INC..
Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.
Acknowledgement of Understanding: I have read the Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I fully understand its terms and I understand I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent Signature Date

_____ _____