



TEAM CHECK-IN

1. Team Entry Fee

Payable to: Palatine Celtic SC, PO Box 305, Palatine, IL 60078

2. Team Roster - approved State or US Club Roster

3. Tournament Roster*

4. Medical Release Forms*

PLEASE UPLOAD ALL WAIVERS IN ONE .PDF FILE, NOT INDIVIDUAL FILES**

Waivers must be completed and signed within the last 12 months.

Must be the IYSA Medical Release and Liability.

5. Player passes - Current and laminated USYSA or US Club passes required for all player and coaches

PLEASE UPLOAD ALL PASSES IN ONE .PDF FILE, NOT INDIVIDUAL FILES**

6. Guest Player Forms* - not required for players within own club & only need state roster from their team

7. IYSA Risk Management Form*

8. IYSA Communicable Disease Agreement*

9. NT Form* (US Club Teams only)

10. Permission to Travel Permit (USYSA Out-of State Teams only)

CHECK-IN TENT located at GBUR-HAMILTON SOCCER FIELD (11590 N Smith St)

EXPRESS Check-In - Teams that have submitted everything online may go to express check-in line with a printed TOURNAMENT Roster and Player Passes.

On-Site Check-In - Please check-in no later than one hour before the team's first kick-off.

*forms found at <https://www.palatinecelticcup.com/>

**Please upload as one .PDF file. See Pg. 2 for directions

1. Open in Finder and click here.

2. Click on THUMBNAILS

3. Drag and drop from one on top of the other.

Illinois Youth Soccer
Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

Allergies _____
Other Medical Conditions _____
Physician _____ Cell Phone (____) _____ Bus Phone (____) _____
Medical/Hospital Insurance Company _____ Phone (____) _____
Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH) REFUSES CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.
I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (1) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

Illinois Youth Soccer
Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

Allergies _____
Other Medical Conditions _____
Physician _____ Cell Phone (____) _____ Bus Phone (____) _____
Medical/Hospital Insurance Company _____ Phone (____) _____
Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH) REFUSES CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.
I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (1) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

Illinois Youth Soccer
Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

Allergies _____
Other Medical Conditions _____
Physician _____ Cell Phone (____) _____ Bus Phone (____) _____
Medical/Hospital Insurance Company _____ Phone (____) _____
Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH) REFUSES CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.
I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (1) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

Should see a header and line if complete

Illinois Youth Soccer
Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Email Address(es) _____

Allergies _____
Other Medical Conditions _____
Physician _____ Cell Phone (____) _____ Bus Phone (____) _____
Medical/Hospital Insurance Company _____ Phone (____) _____
Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH) REFUSES CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.
I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (1) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)