

Medical:

It is the responsibility of the undersigned to insure that the above named person is medically fit to participate in strenuous on rink or off rink activities. As stated below, participation in roller derby activities presents an inherent risk of injury to person or property. The undersigned certifies that the above named participant has no known conditions that prohibit or limit participation in any derby/skating activities held by or in association with the IE Derby Divas. Additionally, the undersigned must hold Woman's Flat Track Derby Association (WFTDA) insurance to cover any expenses related to any potential injury that may arise from their participation in the IE Derby Divas.

Equipment and Skates:

Participants must wear the following mandatory safety equipment during all IE Derby Divas on rink activities and practices: Knee, Elbow and Wrist Pads, Helmet and Mouth Guards. Eye glasses must have plastic shatter-proof lenses. The undersigned must take full responsibility that the above named participant (including self) is wearing the aforementioned safety equipment at all times and that it is properly worn. Only quad roller skates are permitted. All skates must be rink safe, meaning that their use must not gash, indent or blemish the skating surface or any other surface and that the skates will not cause injury to property or person (s). All liabilities thereof are undertaken by the undersigned. Participants should use the softest wheel composition available to achieve the best possible grip on the skating surface.

Conduct:

Spectators (patrons on the premises as a result of your involvement in the roller derby) as well as participants must behave in a respectful manner to both person and property. Behavior which could potentially lead to intentional or unintentional bodily injury or injury to property will not be tolerated.

Identification and Risk Acknowledgment:

In consideration of being allowed to participate in any way in the IE Derby Divas athletic sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: 1. The risk of injuries from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury remains; 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 I assume full responsibility for my participation; and 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 the IE Derby Divas, the rinks, coaches, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors and advertisers ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, ACKNOWLEDGMENT AND I ACCEPT RESPONSIBILITY; I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Signature: _____

Date Signed: _____



WELCOME TO THE IE DERBY DIVAS!

TELL US A LITTLE ABOUT YOURSELF:

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____ City & Zip Code: _____

Email: _____

EMERGENCY CONTACT & MEDICAL INFORMATION

First Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Address: _____ City & Zip Code: _____

Second Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Address: _____ City & Zip Code: _____

PREFERRED TREATMENT CENTER IN CASE OF MEDICAL EMERGENCY

(please name a facility that is covered by your medical insurance provider)

1: _____ 2: _____ 3: _____

Medical Insurance Provider: _____ Member ID: _____

My Insurance requires pre-approval for urgent care / ER visits: Yes _____ No _____

My insurance requires doctor referral for Urgent Care / ER visits Yes _____ No _____

Please submit a copy of your medical coverage card with first month's dues

Serious Medical Conditions (seizures, fainting, diabetes, high/low blood pressure, previous surgery's, etc...)

Food (shellfish, peanuts etc)/Drug Allergies/Environmental (and short explanation if necessary):

Medications Currently Taking-Asthma inhalers (List any OTC or prescription medications and vitamins/supplements):

Certificate of Accuracy/Release from Liability:

- I certify that the above information is accurate and complete to the best of my knowledge
- I understand that it is my responsibility to keep this information updated and accurate
- I understand that should I be seriously injured during a practice or bout, this information will be provided **to all appropriate medical personnel.**
- I understand that this information will remain confidential, and will not be used to make decisions about **my ability to play or my position on the team.**
- I understand that by signing below, I am consenting to allow IE Derby Divas management to take **appropriate action for medical treatment, in the event that I am rendered unable to provide directions for my treatment. I understand that by signing below, I am releasing IE Derby Divas and their representatives from any and all liability due to complications arising from any medical services provided directly or indirectly to me in the event of injury.**

Participant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____ Date Filed: _____



Skater Contract

I.E. Derby Divas 2017

Skaters on the I.E. Derby Divas (hereinafter IEDD) roller derby league must read and agree to the following expectations.

I, the undersigned, agree, to the best of my ability, to the following:

1. A one year commitment to the IEDD, beginning in January 2017 and continuing through December 2017, hereinafter referred to as a "Skating Season".
2. Attend a minimum of 75% of practices in the 60 days prior to each bout during the skating season. If this attended requirement is not met, I understand that I will not be participating in the upcoming bout.
3. I will attend, participate in and/or complete committee work, approved and defined by the committee head, and not to include pre- or post- bout parties.
4. I will attend and /or participate in a minimum of 1 IEDD event prior to each bout, if applicable.
5. Any ideas, artwork, or publication I create for the IEDD become the property of the I.E. Derby Divas and I surrender the rights to said items.
6. I will pay monthly dues of \$50 by the 5th of each month to the treasurer of the league, by cash. If I pay my dues after the 5th of the month, I will include a late fee of \$5 in my payment. BOD members pay half of the regular dues amounts.
7. If I need to take a Leave of Absence (LOA) during the season I will fill out the LOA form and turn it in to the secretary to place in my skater file.
8. I may terminate my membership with IEDD at any time for any reason, and must give written notice to the BOD via e-mail to board@iederbydivas.com.
9. If I wish to rejoin IEDD it is my responsibility to contact the BOD, and I understand I will be subject to a league vote in.
10. I will not form another roller derby league within 50 miles of the IEDD for one year after my resignation or expulsion from the league.

I acknowledge that I am responsible for knowing and abiding by all policies, procedures and guidelines set forth in the following: IEDD Bylaws and Handbook.

I understand that all of these documents are available online at the I.E. Derby Divas (IEDD) Yahoo! Group and I am responsible for creating my own hardcopy, if I desire one. I will contact a BOD representative immediately if I need assistance.

I assume any and all liability for personal injuries incurred at an I.E. Derby Divas practice, bout, or ANY IEDD sanctioned events while on or off skates.

Derby Name: _____

Printed Name: _____

Signature: _____

Date: _____

BOD Representative: _____

Date: _____

Handbook, Code of Conduct Acknowledgment and IEDD Skater Dues Contract

Please read, sign, date, and return

I, _____, have read, fully understand, and acknowledge my agreement to follow all rules, regulations, code of conduct, grievance procedures, and disciplinary procedures as set forth in the IEDD Handbook.

I also understand that it is my responsibility to pay my monthly skater dues in a timely manner as set forth in the Payment of Dues section in IEDD's Handbook. I further understand and acknowledge that league dues are a contract of payment regardless of my attendance, it will continue to accrue and will be owed until I submit a letter of resignation to the BOD or I am officially suspended from the team.

Signature

Date