

http://fieldhockeyfederation.com

Telephone
FHF#
Division I, II, or III

Player id		Club		Team		Division	
Last Name			First Name		Home Phone		
Street Address				City		Zip	
Gender	Birth Date	Age	School Name		Primary e-mail contact		
Emergency Contact			EmergencyPhone	Physician Name		Physician Phone	
Medical Insurance Carrier				Policy Number			

Does you have disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness? Yes? No? If yes, please state problems below.

EMERGENCY AUTHORIZATION: I the undersigned hereby authorize the coaches, umpires, the above-identified Emergency Contact and/or other Field Hockey Federation Inc. ("FHF") officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned, for myself, my heirs, assigns and next of kin, acknowledge that participation in field hockey necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones and teeth, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and my heirs, assigns and next of kin, willingly and voluntarily accept and assume all such risk.

I further acknowledge that the FHF is primarily administered by volunteers rather than paid professionals. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and if I observe any unusual significant concern in the program, I will remove myself from participation and bring such concern to the attention of the nearest official immediately and also of the areas commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless FHF, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of, or in any way related to any physical injury or other damages that may result to said participant while participating in any FHF sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

ACKNOWLEDGEMENT AND CONSENT: I acknowledge receipt of the Field Hockey Accident Insurance pamphlet and I understand the terms of the Plan. For both internal and external use, I acknowledge that FHF may compile and use addresses and field hockey photographs of named individual. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERM FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF.

Player Signature	Date	DOB Verified	Check No.	Fee	Amt Pd