

Field Hockey Federation, Inc.

2010 Junior Player Registration Form

http://fieldhockeyfederation.com

Telephone
FHF#
Age (U-12, U-16, etc.)

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

Father/Guardian Information:

Last Name	First Name	Cell Phone
Business/Employer	Business Phone	Volunteer Role

Mother/Guardian Information:

Last Name	First Name	Cell Phone
Business/Employer	Business Phone	Volunteer Role

Does this child have disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? . . .Yes? No? If yes, please state problems below.

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The Field Hockey Federation is a Volunteer Organization. Parents, please complete the Volunteer Application Form.

EMERGENCY AUTHORIZATION: I the undersigned parent or legal guardian of the above player, a minor, hereby authorizes the coaches, team parents, 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 parent or legal guardian of the above player, a minor, for myself on behalf of the above player, our 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 on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the FHF is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her 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 AND THE ABOVE PLAYER 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 AND ON BEHALF OF THE ABOVE PLAYER

Parent Signature	Date	DOB Verified	Check No.	Fee	Amt Pd
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