

Player ID	Region Number	Div	Loc. Code					
Last Name		First Name		MI	Suffix	Nick Name		
Telephone	Street address			City		State	Zip	
Emergency Contact		Emergency Telephone	Physician Name			Physician Telephone		
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birth date	Age	School Name		E-mail address		Social Security Number	
Medical Insurance Carrier	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> FHF Mailings	<input type="checkbox"/> VIP <input type="checkbox"/> Other Mailings	Name/s of siblings on the same team?			Experience	Height	Weight

**Father /Guardian**

Last Name		First Name		MI	Suffix	Nick Name	Home Telephone
Business/Employer		Business Telephone	E-mail address			A FHF is an all volunteer Org. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	

**Mother /Guardian**

Last Name		First Name		MI	Suffix	Nick name	Home Telephone
Business/Employer		Business Telephone	E-mail address			FHF is a volunteer Org. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	
Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? [ ] Yes [ ] No If yes, please state problems here:							

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**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other 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 and on behalf of the above player, our heirs, assigns and the next of kin, acknowledge that participation in soccer 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, 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 Field Hockey Federation ("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 regional 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 injury or other damage 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 the 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 TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.**

For FHF use only

DOB Verified	Check Number	Fee	Amount Paid

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_