

**Field Hockey Federation, Inc.**  
**Emergency Data, Waiver of Liability and Insurance Information Sheet**

**Player's Name:** \_\_\_\_\_

**PLAYER'S PERSONAL INFORMATION:**

Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

**PLAYER'S PARENT/GUARDIAN INFORMATION:**

	<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Name:		
Home #:		
Work #:		
Cell #:		

**PLAYER'S MEDICAL INFORMATION:**

Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Medical Insurance  
Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Disabilities, Handicaps, Present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions?

\_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY/ILLNESS/WAIVER:**

I the undersigned do hereby authorize the coach, assistant coaches or parents of team members acting in the capacity of activity supervisor, as agents of the undersigned, to consent to Medical, Surgical or Dental Examination, Treatment, etc.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Field Hockey Federation Waiver Agreement:**

In consideration of being permitted to participate in any way in the Field Hockey Federation (FHF) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue FHF, its officers, employees, and agents from liability from any and all claims including the negligence of FHF, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in FHF.

**Assumption of Risk:** Participation in FHF carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death..

**Indemnification and Hold Harmless:** I agree to defend, indemnify, and hold harmless FHF from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney's fees) and cost which may arise by reason of participation in FHF. (FHF does not provide any insurance for program participants).

**RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT:** I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in FHF.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PAID: Yes / No**

**Amount:** \_\_\_\_\_

**Accepted By:** \_\_\_\_\_