

PLAYER _____
(please print)

EXPLANATION OF INHERENT RISKS AND PARTICIPATION AGREEMENT FOR UNDERTOW FIELD HOCKEY

1. Field Hockey is an exciting sport that often involves forceful contact with the ground, another player, a hard ball, or a stick. The sport is also frequently played during hot, humid weather. Because of these conditions inherent to the sport, participating in field hockey exposed an athlete to many risks of injury.
2. We have read and understand the above risks concerning playing field hockey.
3. We agree to hold the Undertow program and Tidewater Field Hockey Club and its members, representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims or additional legal action in connection with practicing, travel, or participation in any activities related to participation in either the Virginia Commonwealth Games, any local or travel tournament or playday (such as Cougar, Score for Cure, VWC, or CNU) National Indoor Tournament and/or any Field Hockey event.
4. In signing this form, we assume the inherent risks of Field Hockey and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.
5. I/we consent to our daughter/son to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by coaches, officials, sponsor or its agents, and emergency medical personnel.

Date _____

Signature of Athlete: _____

Signature of Parent/Legal Guardian: _____

EMERGENCY MEDICAL RELEASE

PLAYER'S NAME _____

HOME PHONE _____ BIRTHDATE _____

ADDRESS _____

EMERGENCY INFORMATION:

WHERE PARENTS CAN BE REACHED IF NOT AT HOME

_____ PHONE _____

MOTHER

_____ PHONE _____

FATHER

EMERGENCY AID:

IN THE EVENT NEITHER MOTHER NOR FATHER CAN BE REACHED, IN CASE OF AN ACCIDENT OR SUDDEN ILLNESS, I GIVE PERMISSION FOR UNDERTOW COACHES OR TEAM CHAPERONS TO RENDER FIRST AID AND/OR TO TAKE MY DAUGHTER/SON TO THE HOSPITAL. I GRANT PERMISSION FOR HOSPITAL DOCTORS TO TREAT MY CHILD AND I SHALL ASSUME FINANCIAL RESPONSIBILITY.

FAMILY DOCTOR _____ PHONE _____

HEALTH INSURANCE _____ GROUP/POLICY # _____

CURRENT MEDICATIONS _____

MEDICATION ALLERGIES _____

MEDICAL PROBLEMS _____

ALLERGIES _____

_____ RELATIONSHIP _____

SIGNATURE

UNDERTOW INFORMATION SHEET

PLAYER'S NAME _____

USFHA MEMBERSHIP# _____ (if not a current member, please let us know number once you join)

DATE OF BIRTH _____

GRADE (SPRING 2012) _____

SCHOOL _____

JERSEY # _____ (CURRENT PLAYERS ONLY)

DO YOU NEED NEW UNIFORM: _____ YES _____ NO _____ PARTIAL

PROVIDE EMAIL/PHONE NUMBER YOU WANT US TO USE TO DISSEMINATE INFORMATION ON PRACTICES, TOURNAMENTS, ETC.

PARENT EMAIL _____

PARENT CELL PHONE _____

PLAYER EMAIL _____

PLAYER CELL PHONE _____

FIELD POSIITON(S) PREFERRED (MAY LIST MORE THAN ONE)

COACHES USE ONLY

PAYMENT RECEIVED _____ YES _____ NO AMOUNT \$ _____

UNIFORM FEE RECEIVED _____ YES _____ NO N/A

TEAM _____ U12 _____ U14 _____ U16 _____ U19