



Free Introduction to Field Hockey Clinic for Beginners At Moorpark College

Sponsored by

Field Hockey Federation, Inc. & Ventura County Red Devils (VCRD)

- Who:** Boys and Girls Ages 7-15 who are new to Field Hockey
- When:** Saturday, December 15, 2018 – 12:30pm to 2:15pm
- Where:** Field Hockey Stadium at Moorpark College, 7075 Campus Road, Moorpark, CA 93021
- Cost:** FREE with RSVP by Dec 10th – space is limited to 50 spots
- Includes:** Includes Taco Lunch at 12:30pm and borrowed safety equipment (you are welcome to bring your own shin guards and mouth guard if you have them)

VCRD boys and girls teams are taking on the Wanderers from Australia in six friendly matches. We encourage those interested to come support your local team and stick around for the free food and clinic. Immediately following the last VCRD vs Wanderers game, join us for tacos and come meet the players. After lunch you'll have the chance to learn from the area's best players as they help coach the Introduction to Field Hockey Clinic.

Game Day Schedule:

- 9:00am U19 Girls
- 10:15am U19 Boys
- 11:30am U19 Girls
- 12:30pm Taco Truck (For Players and Clinic Attendees only)
- 1:00-2:15pm Free Introduction to Field Hockey Clinic for Beginners

- * Please wear tennis shoes or turf shoes only – No Cleats Allowed!
- * Bring Re-fill water bottle
- * Parents join us for a 20-minute parent's field hockey clinic – must fill out a separate waiver to participate
- * For more info about Field Hockey Federation, Inc. visit www.socalfieldhockey.com
- * For more info about VCRD visit www.vcrdfh.com

Please e-mail this registration & FHF Waiver to Adrienne Gotthardt at acgotthardt@gmail.com

*****Registration is due by December 10th - Limited to 50 Spots**

Player Name _____ Age ____ Gender _____ Taco Truck? Y ___ N ___

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Player Name _____ Age ____ Gender _____ Taco Truck? Y ___ N ___

Attending Adult Name _____ E-mail _____

Phone# _____ Cell# _____

Emergency Name _____ Phone# _____

How did you hear about our Clinic? _____

Field Hockey Federation, Inc.

Emergency Data, Waiver of Liability and Insurance Information Sheet

Player's Name: _____

PLAYER'S PERSONAL INFORMATION:

Address: _____

E-Mail: _____

Phone: _____

Date of Birth: _____ Gender: _____

PLAYER'S PARENT/GUARDIAN INFORMATION:

	Parent/Guardian 1	Parent/Guardian 2
Name		
Home #		
Work#		
Cell#		
E-Mail		

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?

Field Hockey Federation, Inc.

Emergency Data, Waiver of Liability and Insurance Information Sheet

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: