Player Registration Form

Circle one: Spring League Summer League Winter League

Instructional League Winter Clinic Spring Clinic

Players Name _____Position Field Player Goalie
(circle one)

Address
_____

Telephone _____ Email _____

School _____DOB _____ Grade
_____

Parent/Guardian _____

Emergency contact/phone _____

Waiver/Release of Liability Agreement

Players Name _____

East End Field Hockey does not provide medical insurance for players in the event of illness or injury requiring medical treatment. I hereby accept any and all responsibility for, and assume the risk of and all injury and damages to the above named player, which might arise directly or indirectly as a result of and or participation in Field Hockey. East End Field Hockey and its employees, coaches, and officers can not be held responsible for any and all injuries that may occur. If medical attention is required in any East End Field Hockey activity, we (I) give permission for such medical care to be administered.

We (I) hereby consent to the use of above named players image by East End Field Hockey for any and all purposes including without limitation, video, still photographs, publications, any trade or advertising purpose.

I also under stand that there are no refunds or credits for any reason.

I certify that we (I) am familiar with the contents of this release, that we (I) have read and understand the same, and that it is our(my) intention by signing this release that the same is binding not only to me, but my heirs, administrators, executors, successors and assigns.

Players Signature _____Date _____

Parent/Guardian Signature _____

_____
Insurance Carrier

_____
Policy Number

Send completed form and fee
Payable to: **East End Field Hockey**
PO Box 1444
Miller Place, NY 11764