



Field Hockey Life LLC 2015 -2016

Camper Name: _____

In the consideration of Field Hockey Life LLC acceptance of _____ as a student in sports for the period of dates mentioned above, and in return for the opportunity to participate in this camp:

I understand that a risk of participating in any sport , including Field Hockey Life LLC, is the risk of injury, including but not limited to serious permanant injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to her physical condition to the coaches as soon as the problem begins.

By signing this waiver, I certify the following:

- That my child is not currently under the care of a physican for an injury or illness that would prevent her safe participation in the summer camp.
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent her safe participation in the summer camp.
- That my child has no history of fainting or other problems related to strenuous exercise; and
- That my child is in good health and there is no reason that she cannot safely participate in strenuous physicial activity.

In accepting my child into Field Hockey Life LLC, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of her participation at the club. I also certify that I have health insurance which provides adequate coverage for injuries or illness my child may sustain while participating in Field Hockey Life LLC.

By my signature below, I also agree to release and promise not to sue Field Hockey Life LLC or their employees for any damages, loss, injury, or death arising from my child's participation in Field Hockey Life LLC, unless such damages, loss, injury, or death are caused by willful and wanted conduct of such employees.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Medical Insurance Company			
Address	City	State	Zip
Phone	Group	I.D.#	
Medical History (if pertinent):			
Allergies, present medications, special considerations:			

