

SPARK INDOOR FIELD HOCKEY

Waiver/Release Participation Form

NAME _____

PARENT'S NAME _____

PHONE _____

BIRTH DATE _____

SCHOOL & GRADE _____

INSURANCE INFORMATION _____

USFHA MEMBERSHIP # _____

We (or I) hereby request your acceptance of the WAIVER/RELEASE FORM for participation in the Spark Indoor activities including clinics and games. In consideration of your acceptance of this waiver/release, we (or I) hereby release all persons associated with SPark Field Hockey from all claims and causes of action, arising from injury to the participant, whether such injury is the result of negligence or any other cause. If medical attention is required for the injury or illness while participating in any SPark activities, we (I) give permission for such medical care and we (I) will be financially responsible.

Player signature _____

Parent or guardian signature _____

Date _____

Emergency Contact Information:

Name: _____ Phone: () _____ - _____
