

# FSC ~ Field Hockey Sports Club REGISTRATION & HEALTH WAIVER FORM

ALL INFORMATION MUST BE COMPLETE PRIOR TO PARTICIPATION AT TRYOUT

**PLEASE RETURN FORM TO:** FSC HOCKEY  
Attn: HEALTH WAIVER FORM  
P. O. BOX 384  
Mechanicsville, PA 19834-384

TRYOUT SITE: Bucksmont Indoor Sports Center DATE: December 30, 2014, February 14, 2014

NAME OF ATHLETE: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_ HS GRAD YR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Family/Athlete E-mail Address: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_ CELL#: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_ CELL#: \_\_\_\_\_

CONTACT PERSON (OTHER THAN PARENT) \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO ATHLETE \_\_\_\_\_

**LIST ANY MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES:**

**LIST ANY MEDICATION BEING TAKEN. PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.**

**LIST ANY ORTHOPEDIC INJURIES WITHIN THE PAST YEAR AND DESCRIBE NATURE & SEVERITY OF THE INJURY. PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:**

FAMILY PHYSICIAN \_\_\_\_\_ PHYSICIAN'S TELEPHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM (MUST BE WITHIN THE PAST YEAR) \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

HEALTH INSURANCE ADDRESS \_\_\_\_\_

HEALTH INSURANCE GROUP AND POLICY NUMBERS \_\_\_\_\_

NAME OF PERSON WHO IS PRIMARY HOLDER \_\_\_\_\_

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY MEDICAL BILLS INCURRED BY MY CHILD WHILE AT THE TRAINING SESSIONS. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY TREATMENT BY THE APPROPRIATE MEDICAL PERSONNEL.

IN CONSIDERATION OF THE USE OF THE PREMISES OR FACILITIES OWNED BY BUCKSMONT INDOOR SPORTS CENTER AND/OR IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY, ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS, I HEREBY RELEASE AND FOREVER DISCHARGE BUCKSMONT AND FSC, THEIR AGENTS, SERVANTS, AND EMPLOYEES OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTIONS, SUITS, DAMAGES, CLAIMS AND DEMANDS, ON ACCOUNT OF PERSONAL INJURY, INCLUDING DEATH, OR ANY CAUSE WHATSOEVER, WHICH I MAY HAVE AGAINST THEM BY REASON OF OR ARISING OUT OF PARTICIPATION IN THE ABOVE LISTED ACTIVITY.

**SIGNATURE OF PARENT / GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Waiver, Release, Indemnification and Hold Harmless Agreement

In consideration for the Attendee being permitted to participate in the FSC ~ Field Hockey Sports Club Indoor Tournaments during the 2014-2015 and related "Field Hockey Activities", I do waive and release forever, Bucksmont Indoor Sports Center and Finegan Sports Camp, LLC, Michelle Finegan, the director, the clinicians, coaching staff, agents, its trustees, officers, and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown, deflected or hit balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Bucksmont and the clinicians are providing this Tryout outside the scope of the Bucksmont Indoor Sports Center and the Facility. I hereby agree for myself and Attendee to release, hold harmless, and indemnify Bucksmont Indoor Sports Center, its trustees, its officers, employees and agents, from any and all claims and liability arising out of the Activity as described above.

Printed Name of Attendee: \_\_\_\_\_

Signature of Attendee: \_\_\_\_\_

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required.

Signature of Parent or Guardian: \_\_\_\_\_

Address & Telephone Number: \_\_\_\_\_