

Waiver

NOVA Elite Field Hockey Club Waiver /Release Participation Form

In signing this waiver form below, we (I) release NOVA Elite and other involved parties from any claims or responsibility for injuries suffered while participating in field hockey practices, games, clinics, camps, leagues, and/ or tournaments. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in sports. Further, I authorize the site director to request medical treatment as necessary to insure my child's safety and I will be financially responsible for such care. Also by signing below, we (I) take all responsibility for knowing and abiding by the facility rules.

Mouth guards and shin guards are required at all times while participating. Failure to comply will result in dismissal from the game. The player may resume play when compliance has been met.

We (I) also give permission for NOVA Elite Field Hockey Club to use any videos and/or photographs of the participant for publicity, advertising or promotional purposes.

Name of Participant: _____ Date of birth _____
(please print neatly)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Printed Name of parent /legal guardian: _____

Home Phone: _____ Cell Phone (Mom): _____

Cell Phone (Dad): _____

Email Address: _____

Signature of parent /legal guardian: _____ Date: _____

Signature of participating athlete: _____ Date: _____

Emergency contact: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____

**Please list below any medical concerns or medications that coaches should be aware of that may affect your child's participation:
