



Team Golden Triangle
Try Out and Participation
Registration Form

Date _____
Name: _____ DOB _____ HS Grad Year _____
Current Age and Grade _____
Home Address: _____
City: _____ Zip Code: _____
Player E-mail: _____
Home and Cell Phone #'s(_____) _____
School _____ Playing Position: _____ Years Ex ____
Parent/Guardian
Name: _____ E-Mail _____
Parent/Guardian
Cell Phone _____ Emergency # (_____) _____
USA Field Hockey Member? _____ Yes _____ No _____
Shirt Size _____ Desired Uniform # _____

Team Golden Triangle Field Hockey Club Team 2010

THIS IS A LIABILITY RELEASE FORM – PLEASE READ CAREFULLY BEFORE SIGNING

Player Name: _____ Address: _____

City/State/Zip: _____

LIABILITY RELEASE AND INDEMNITY AGREEMENT

I acknowledge that field hockey and its related activities are potentially HAZARDOUS activities and that I made a voluntary choice to participate in those activities despite the risks that they present. In consideration of my being permitted to participate in the Team Golden Triangle Field Hockey tryouts 2010, I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my participation in the clinic. Parent initial here _____ Player initial here _____

I further agree to RELEASE FROM LIABILITY and INDEMNIFY AND HOLD HARMLESS the organizers and sponsors of this practice, clinic or try out session including coaches, parent sponsors, and officials for any damage, injury, or death to myself or to any person or property, whether caused by their NEGLIGENCE or for any other reason, in any way connected with my participation in this try out
Parent initial here _____ Player initial here _____

I, the undersigned, have carefully read and understood this agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY which will legally PREVENT me or any other person from filing suit or making any other legal claim for damages in the event of my death or any injury to me. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives. Parent initial here _____ Player initial here _____

Date: _____ Player (Printname) _____ (Signature) _____

Parent/Guardian of Player: _____ (Signature required for all participants)