FUNdamental Field Hockey
Winter Clinic
2017-18
1st-8th grade
8 Week Session, Monday's
December 3, 10, 17 January 7, 14, 28
February 4, and 11
5:30-7:00 p.m.

@ Southampton Town Rec. Center
1370A Majors Path, Southampton

Cost
• $150 if registered before December 3
• $175 if registered onsite

*Sticks available for Clinic use
Equipment needed: Mouth Guard, Shin Guards, Water
Registration and Fee can be made payable to:

East End Field Hockey
PO Box 1444
Miller Place, NY 11764
Player Registration Form

Circle one:  Spring League  Summer League  Winter League

Instructional League  Winter Clinic  Spring Clinic

Players Name ____________________________________________ Position  Field Player (circle one)  Goalie

Address

__________________________________________________________________________

Telephone ___________________ Email ____________________________

School ______________________ ___________ DOB ___________ Grade

Parent/Guardian _____________________________________________________________

Emergency contact/phone __________________________________________________

Waiver/Release of Liability Agreement

Players Name ______________________________________________________________

East End Field Hockey does not provide medical insurance for players in the event of illness or injury requiring medical treatment. I hereby accept any and all responsibility for, and assume the risk of and all injury and damages to the above named player, which might arise directly or indirectly as a result of and or participation in Field Hockey. East End Field Hockey and its employees, coaches, and officers can not be held responsible for any and all injuries that may occur. If medical attention is required in any East End Field Hockey activity, we (I) give permission for such medical care to be administered.

We (I) hereby consent to the use of above named players image by East End Field Hockey for any and all purposes including without limitation, video, still photographs, publications, any trade or advertising purpose.

I also understand that there are no refunds or credits for any reason.

I certify that we (I) am familiar with the contents of this release, that we (I) have read and understand the same, and that it is our(my) intention by signing this release that the same is binding not only to me, but my heirs, administrators, executors, successors and assigns.

Players Signature ___________________________ Date ______________________

Parent/Guardian Signature ________________________________________________

Insurance Carrier

________________________________________

Policy Number

________________________________________

Send completed form and fee
Payable to:  East End Field Hockey
            PO Box 1444
            Miller Place, NY 11764