

Pathfinder Field Hockey Clinic Registration Form

Player Information

Name _____ D.O.B. _____

Address _____ Grad Year _____

_____ Home Phone _____

Emergency Contact _____ Emergency Phone _____

High School _____ Club Team _____

Position _____

Player Medical Information

Physician _____ Phone Number _____

Date of last tetanus shot _____ Allergies _____

Current Medication _____

_____ Recent Injuries? _____

Insurance Co. _____ Policy No. _____

Phone Number _____

Parental Consent Form

This complete form will enable health facilities in Lynchburg and clinic medical staff to provide prompt care to your son or daughter. All areas of this form must be completed for clinic registration. I/We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the player. I hereby give permission for the staff of the clinic to seek, during the period of the clinic, appropriate medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I/We will be responsible for any and all cost of medical attention and treatment. I/We, the undersigned, for ourselves and as a guardian(s) of _____ (player's name) understand that field hockey is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby admit that our child is physically and mentally capable of participating in field hockey clinic activities. I/We represent that I/we have sought the opinion of our child's physician, _____, and he/she concurs that _____ is fully capable of safely engaging in these activities. I/We understand that it is my/our responsibility in caring for the player listed above, to be assured that he/she is fully capable of engaging in this sports activity, and I/we are confident that he/she is able to engage in such sport. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Liberty Field Hockey, Pathfinder Field Hockey, the Liberty University field hockey coaches, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in clinic activities or while at camp, whether or not damage, injury or loss is due to negligence.

Signature of Parent or Guardian

_____ Date _____

To Register, return this form by via fax, email or snail mail to:

Liberty University
Attn: Field Hockey
1971 University Blvd.
Lynchburg, VA 24502

P: (434) 582-2392
F: (434) 582-2076
fieldhockey@liberty.edu

Rules & Regulations

Individuals are required to comply with the rules and regulations of Liberty University and the Pathfinder Field Hockey Clinic. Any player who does not abide by these rules may be dismissed without refund.