

# Richmond Panthers United Field Hockey Club Waiver (Panthers United)

In consideration of and through my involvement in this Panthers United Field Hockey program, I (or on behalf of my minor child) \_\_\_\_\_  
acknowledge and agree,

I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, and DEATH, as well as LOSS OF or DAMAGE TO PROPERTY; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK; and I (or on behalf of my minor child), FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS and PROMISE NOT TO SUE THE

**Richmond Panthers United Field Hockey Club, The coaches or board member or staff of said organization, UNITED STATES FIELD HOCKEY ASSOCIATION, THE USOC AND THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, VOLUNTEERS,** WITH RESPECT TO ANY AND ALL SUCH INJURY, PARALYSIS, DISMEMBERMENT, DEATH and/or LOSS or DAMAGE (EXCEPT THAT WHICH IS RESULTANT OF GROSS NEGLIGENCE and/or WILLFUL OR WANTON MISCONDUCT.)

I certify that (or on behalf of my minor child,) to the best of my knowledge, I am in good physical condition and have no disease or injury that would impair my performance or result in my being injured during any program participation.

In addition, I (or on behalf of my minor child,) do hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named athlete/coach/child, by a Certified Athletic Trainer, Physician and/or hospital in the event of an injury or illness during the periods of time in which they are participating in a United States Field Hockey Association program or a Richmond Panthers United Field Hockey club program . It is understood that all costs are my responsibility.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARTICIPANT'S PRINTED NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

Panthers United Field Hockey Club Presents....

# Monday Nights UNDER THE LIGHTS

## Field Hockey Summer League

### REGISTRATION FORM

\_\_\_\_\_ I am registering as an individual \_\_\_\_\_ I plan to play and pay per session  
\_\_\_\_\_ I am registering on a team. The team is \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade(fall 2011)  
\_\_\_\_\_

Email \_\_\_\_\_ cellphone # \_\_\_\_\_

Preferred position \_\_\_\_\_ Varsity player \_\_\_\_\_ JV \_\_\_\_\_ MS \_\_\_\_\_

US FIELD HOCKEY MEMBERSHIP NUMBER (required)

\_\_\_\_\_

Special notes: (if you play for a club team and want to play with your HS or MS team please indicate that here or if you plan to pay and play indicate what sessions you CAN do if possible)

\_\_\_\_\_

Please note that you must also fill out a PANTHERS WAIVER. Mail BOTH forms with your fee of \$115 to:

2223 Buford Rd Richmond, VA 23235

For more information please call 804-615-0313