

SURF & SAND FIELD HOCKEY

MEDICAL RELEASE

Player Name: _____

Address: _____

City: _____ State _____ Zip _____

Birth Date: ___ / ___ / ___ Age: _____ Grad Year _____

Emergency Phone: _____ Home: _____

Email: _____ Cell: _____

CODE OF CONDUCT

I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official, or any other attendee and will treat them with respect at all times. I will not engage in any behavior that would endanger the health, safety, or well-being of any coach, parent, player, participant, official, or any other attendee. I will not use profanity or any other offensive or aggressive language even if it is not directed at a particular person.

LIABILITY RELEASE

I the undersigned parent / guardian do hereby give permission to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of Surf and Sand Field Hockey to give specific consent to any and all such diagnoses, treatment or hospital care which the afore mentioned physician in the exercise of her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

I realize that the sport of field hockey is potentially dangerous and involves considerable risk, including the possibility of broken bones, other internal injuries, or death. Therefore, I do hereby for myself, my heirs, executors, and administrators release Surf and Sand Field Hockey and the facilities where games / tournaments/ practices are conducted from all claims, demands, actions, liability or causes of actions resulting from

any injury to my daughter, or my property or resulting of my, or my daughter's death which may occur during participation in this sport.

Address where claim is to be mailed to: _____

Policy Holder's name: _____

Relationship to player _____

Policy Holder's Subscriber ID# _____

Policy Holder's group # or name _____

Policy Holder's address _____

Participant Signature:

_____ Date ____ / ____ / ____

Parent/Guardian Signature:

_____ Date ____ / ____ / ____