



Summer 2021



Woodstock Field Hockey Association

Field Hockey Clinics

Dates:

Mondays and Wednesdays starting July 12

Location:

Turf at Woodstock Academy SOUTH CAMPUS

YOUTH - GRADES 4-8

5:30pm to 6:30pm

HIGH SCHOOL- GRADES 9-12

6:30pm to 8:00pm

Cost:

\$100.00 for all 12 clinic dates OR \$10.00 drop in rate per day

New or expired members:

\$40.00 annual Membership to USA Field Hockey & WooFHA membership fee includes insurance for players, collected once annually. Members receive discounts on future clinics and events

Come by and try it for a day we have gear to share!

No experience needed

Clinics are co-ed

For more info contact:

jen@woodstockfieldhockey.org cell- 508-330-8262

www.woodstockfieldhockey.org

Facebook page : Woodstock Field Hockey Association @woofhaCT

Advance registration is recommended

All players need mouth guards & shin guards.

In the event of inclement weather make-up dates may not be available.

**This program is proudly sponsored by the
Woodstock Field Hockey Association**



2021 Field Hockey Clinics
WooFHA Warriors
Woodstock Field Hockey Association
REGISTRATION FORM



Student Name _____ **DOB** _____

Parent/ Guardian _____ **Relationship** _____

Address: _____

City _____ **State** _____ **Zip** _____

Home Phone: _____ **Cell:** _____

Email: _____

Emergency Contact _____

Phone: _____

**** Shin guards, mouth guards and eye protection are mandatory. – 20% sibling discount -**

Disclaimer: We/I parent/guardian of (child's name) _____ will not hold the Woodstock Field Hockey Association, including its representatives liable for any injury sustained by our/my child while participating in the Field Hockey Program sponsored by the Woodstock Field Hockey Association.

SIGNATURE _____ **DATE** _____
 (parent/guardian)

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason it is important to have on file the parents/guardians address and telephone number. Moreover, if the student's parent/guardian cannot be reached, it is important to have authorization to administer appropriate medical action, which might include anesthesia. With this in mind, please complete the section below.

IF IN THE EVENT OF ILLNESS OR INJURY, IF IT NOT POSSIBLE FOR THE HOSPITAL OR A WOODSTOCK FIELD HOCKEY REPRESENTATIVE TO CONTACT ME, MY PERMISSION IS GIVEN FOR NECESSARY MEDICAL INTERVENTION AND IF NECESSARY, THE ADMINISTRATION OF ANESTHESIA.

SIGNATURE _____ **DATE** _____
 (parent/guardian)

Printed Name _____

Cash/Check _____ Waiver _____ PR _____ USA Member _____ WooFHA member _____ Date _____
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PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT MEMBERSHIP WAIVER FORM FOR MINORS (UNDER AGE 18)

Name: _____

Date _____

For and in consideration of United State Field Hockey Association, Inc. ("**USA Field Hockey**") allowing the minor identified below (**the "Minor"**) to participate in any USA Field Hockey sanctioned event, but not limited to, athletic competitions, games, tournaments, practices, camps, clinics, tryouts and related activities sanctioned by USA Field Hockey (**the "Event" or "Events"**); I, for myself and behalf of the Minor, and the Minor's parents/legal guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representatives pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (**the "Agreement"**);

1. I hereby represent that (i) I am the parent of legal guardian of the Minor; (ii) the minor is in good health and in proper physical condition to participate in the Event; and (iii) the Minor is not under the influence of alcohol or any illicit or prescription drugs which would in any way impair the Minor's ability to safely participate in the event. I agree that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Event, and that I am responsible for the Minor's safety and well being at all times and under all circumstances while at the Event.
2. I understand and acknowledge the risks and dangers associated with the Minor's participation in the sport of field hockey, the Events and related activities, including without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; contact with other participants, coaches, umpires, officials, spectators, animals or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect field conditions; land, water and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("**Risks**"). I understand that these Risks may be caused in whole or in part by the Minor's own actions or inactions, the actions or inactions of others participating in the Event, or the negligent acts or omissions of the Released Parties defined below, and on behalf of the Minor, I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which may be incurred as a result of the Minor's participation in any Event.
3. I understand that the Minor is required to be familiar with and to abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USA Field Hockey and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while he or she is participating in the Event.
4. I agree to abide by and be bound by the applicable USA Field Hockey Bylaws, Code of Conduct and Competition Rules and the SafeSport rules, policies and procedures promulgated by the U.S. Center for Safe Sport as they may be amended from time to time. I agree to be subject to the jurisdiction of the U.S. Center for Safe Sport and agree that any sanctions imposed by the Center extend to my participation in all USA Field Hockey events or activities and may be posted publicly and include information regarding the misconduct involved.
5. I understand and agree that the FIH Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other policies and rules adopted by the FIH, USADA, and the USOC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of the FIH and/or my national federation, if applicable or referred by USADA.



6. On behalf of the Minor, I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USA Field Hockey, its member athletes/players, clubs, coaches, umpires, trainers, officials, national teams and futures regions; United States Field Hockey Foundation; United States Olympic Committee (USOC); the Event Owners, Directors, Organizers, Promoters, Sponsors and Advertisers; the Host Facility/Venue and the Property Owners or Operators where the Event takes place; Law Enforcement Agencies and other Public Entities providing support for the Event; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("**Liability**") which may arise out of, result from, or relate in any way to the Minor's participation in the Event, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. I further agree that if, despite this Agreement, the Minor, or anyone on the Minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

I hereby warrant that I am of legal age and authorized to enter into this Agreement on behalf of the Minor, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the Minor, the Minor's parents/legal guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Signature

Date

Print Name