



WHERE: Haverford College

WHEN: Saturday, April 25

10:00am-12:30pm

WHO: Open to all 9th-12th Graders

COST: \$75

DEADLINE TO REGISTER: April 15

The Haverford College field hockey coaching staff and players would like to invite you to our field hockey clinic. This clinic will provide quality instruction from the Haverford College coaching staff and player for players and goalies who have the desire to further develop their skills and game awareness.

Haverford College Field Hockey Clinic
Saturday, April 25, 2020
10-12:30 P.M.

WHAT TO BRING: Turfs/Cleats/Sneaker, Shin Guards, Mouth Guard, Stick, Water Bottle
(bring sneakers in case of inclement weather)

MAKE \$75 CHECK PAYABLE TO: Haverford College Field Hockey

QUESTIONS CONTACT: Jackie Cox - jcox@haverford.edu - (610) 896-7013

MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:

Jackie Cox, Head Field Hockey Coach
Haverford College
370 Lancaster Avenue
Haverford, PA 19041

Due by April 15, 2020

Name: _____

Age: _____ D.O.B.: _____ Graduating Year: _____ Position _____

High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Parent's Email: _____

Parent(s)/Guardian(s): _____

Insurance Carrier: _____ Group#: _____ Policy#: _____

Emergency Contact name/phone number: _____

HAVERFORD COLLEGE ATHLETIC DEPARTMENT SPORTS CAMPS & CLINICS

ASSUMPTION OF THE RISK, WAIVER, AND RELEASE AGREEMENT

Name of Participant: _____ Name of Sports Camp/Clinic: _____

Dates of Sports Camp/Clinic: _____

In consideration of Haverford College's acceptance of Participant into the above Sports Camp/Clinic, and intending to be legally bound, Participant (and his/her parents and/or legal guardians if Participant is under the age of 18 years old) agree as follows:

It is agreed that all risks attendant to watching and/or participating in camp or clinic activities, including, but not limited to bodily injury and ailments resulting from high heat or humidity, are assumed by Participant and that this assumption is acknowledged, approved, and agreed to by Participant as indicated by the signature(s) hereto.

Participant certifies that s/he is physically able to participate in the above camp or clinic and knows of no physical impairments or conditions which would in any manner limit his/her participation in such a program. Participant hereby grants permission for the College, including its employees and contractors, as well as athletic trainers, physicians, dentists, and other licensed health care providers and their designees, to secure transportation for the provision of emergency medical treatment to Participant; to administer outpatient medical, surgical, or dental services, as necessary; to administer antigens or other injections, as necessary; to provide emergency medical services; and/or to refer Participant to other duly licensed medical personnel.

Further, Participant, for his/her self, heirs, executors, administrators, and assigns, does hereby release and forever discharge Haverford College, including its managers, administrators, employees, agents, students, and volunteers, from any claims that Participant might have with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of Participant's participation in the camp or clinic. Participant also agrees to save, hold harmless, and indemnify Haverford College, including its managers, administrators, employees, agents, students, and volunteers, against any and all claims, including for costs and attorneys' fees, resulting from his/her participation in the camp or clinic.

By signing this Agreement, Participant is giving up, among other things, any and all rights Participant may have to sue Haverford College for injuries, damages or losses resulting from participation in the camp or clinic.

Participant understands that the terms of this Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, and that if any portion of the Agreement is declared invalid, the remainder of this Agreement shall remain binding and enforceable. Participant further agrees that this document constitutes the entire Agreement between the parties as to the subject matter herein, and that any oral representations, statements or inducements not specifically contained in this Agreement shall not be considered part of it.

Name of Participant (typed or printed)

Signature of Participant

Date

Signature of Parent/Guardian
(if Participant is under age 18)

Date