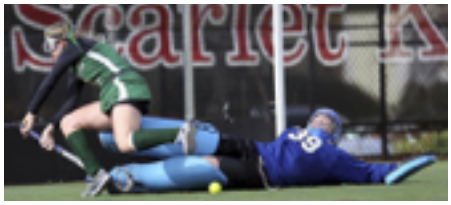
Watertown Elite Field Hockey
Clinic 2016
September 17 - October 22
Grades 1-8
8 a.m. - 9 a.m. on Saturdays (Oct.8 11 a.m.-12:00)
Cost: $100.00



Clinic Director: Eileen Donahue, Watertown High Field Hockey Coach
Coaching Staff: Watertown High Varsity Field Hockey Players
Location: Victory Field
Check Payable : Watertown Elite Field Hockey, LLC

Child's Name:_____ Grade:_____

Address:_____

City:_____State:_____Zip code:_____

Parent Phone: ( )_____-_____

Parent Email:_____@_____

A clinic shirt will be provided. Mouth pieces, goggles and shin pads must be worn.
*** With this application, please enclose an an up to date Medical Form and Release of Liability Form and non-refundable $100.00 check payable to:**

"Watertown Elite Field Hockey, LLC"
Mail to: P.O. Box 316, Belmont, Mass. 02478

Amount: _____ Check# _____ Date: _____

Contact us with questions at:

watertownelitefieldhockey@gmail.com

Tobey Donahue 617-762-6727

P.O. Box 316, Belmont, Mass. 02478

WATERTOWN ELITE FIELD HOCKEY CLINIC
WAIVER OF LIABILITY AND RELEASE AGREEMENT

I, _____, (parent/guardian), for myself, any other parent and the participant,

in connection with my child, _____ ("the participant"), attending and

participating in the Watertown Elite Field Hockey Clinic hereby agree as follows:

The Undersigned understands that there are certain dangers, hazards and risks, foreseen and unforeseen, inherent in attending and participating in the Watertown Elite Field Hockey Clinic, including, but not limited to, risks related to use of equipment and facilities, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

In recognition of the dangers, hazards and risks, foreseen and unforeseen, associated with attending and participating in the Watertown Elite Field Hockey Clinic, the undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment associated with the Watertown Elite Field Hockey Clinic. The participant is willingly and voluntarily attending and participating and the Undersigned agrees that he/she/they and the participant shall assume all dangers, hazards and risks, foreseen and unforeseen, inherent in, arising from or related to the participant's attendance and participation in the Watertown Elite Field Hockey Clinic.

In anticipation of the participant's enrollment in the Watertown Elite Field Hockey Clinic, the Undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which would cause the participant to be a danger to the participant or to others, is capable of participating in all activities associated with the Watertown Elite Field Hockey Clinic and has submitted the required health insurance information, (see below), and physician's report.

In consideration of the attendance and participation in the Watertown Elite Field Hockey Clinic and knowing the dangers, hazards and risks, foreseen and unforeseen, of attending and participating in the Watertown Elite Field Hockey Clinic, the Undersigned, for himself/herself/themselves, any other parent and the participant, understand(s) and agree(s) to RELEASE AND HOLD HARMLESS Watertown Elite Field Hockey, LLC, its employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from the participant's attendance (inclusive of travel to and from Victory Field, Watertown) and participation in the Watertown Elite Field Hockey Clinic.

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that he/she/they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions. The Undersigned agrees that this Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to the conflict of laws provisions thereof, and that the Commonwealth of Massachusetts shall be the forum for any lawsuits filed under or incident to this Agreement. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby, and each and every term and condition of this Agreement shall be valid and enforced to the fullest extent and in the broadest application permitted by law.

The above named participant has my permission to participate in the Watertown Elite Field Hockey Clinic. If contact is unsuccessful, I give my permission for medical treatment to be rendered to the participant, including (if necessary) hospitalization. Any expenses arising from injury or illness is the responsibility of the person signing below.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian printed name: _____ Emergency Phone #: _____

Insurance Company _____ Policy Number _____

Recent Health Issues: _____

Return to: Watertown Elite Field Hockey, LLC P.O. Box 316, Belmont, Mass. 02478 617-762-6727