

# RAIDER FIELD HOCKEY CLINIC - 2019

"Developing the Future of Field Hockey"

Player Information	
Player Name	Date of Birth
Home Address	City/Zip Code
<b>IF WE NEED TO GET A HOLD OF YOU REGARDING TIME CHANGE AND/OR LOCATION, PLEASE PROVIDE US WITH THE BEST EMAIL ADDRESS:</b> _____	

Clinic Information
<b>GRADES:</b> Currently in 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> & 8 <sup>th</sup> grade
<b>FEE:</b> \$60 for 6 sessions or \$15 per drop-in
<b>REGISTRATION:</b> To reserve a space for your child, send this form and the fee to: <b>Hilary Anderson</b> <b>25483 Bryden Road</b> <b>Beachwood, OH 44122</b>
<input type="checkbox"/> 3 <sup>rd</sup> 4 <sup>th</sup> and 5 <sup>th</sup> grader Raider Field Hockey Clinic 2019 @ 10:00 am – 11:00 am (Sundays, April 7, 14, 28 & May 5, 12, 19, 2019)
<input type="checkbox"/> 6 <sup>th</sup> 7 <sup>th</sup> and 8 <sup>th</sup> grader Raider Field Hockey Clinic 2019 @ 11:00 am – 12:00 pm (Sundays, April 7, 14, 28 & May 5, 12, 19, 2019)
Amount enclosed: \$ _____
Payment Method (check one):
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____ Make payable to <b>Shaker Field Hockey Parent Group</b>

Emergency/Medical Information		
Name of Emergency Contact	Relationship to Participant	
Home Phone	Work Phone	Cell Phone
Medical needs/Allergies		

## RAIDER FIELD HOCKEY WAIVER FORM

The undersigned, as parent or guardian of the child named above Player Name, desires that my child participate in the Raider Field Hockey 2019 Clinic; and by execution of this release I agree that my child must abide by the rules of conduct and use of equipment set forth by the coaching staff, and any use of equipment or facilities are for the benefit of my child.

In consideration of the Raider Field Hockey Clinic's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage, and/or loss of property which may arise out of my child's participation in the Raider Field Hockey Clinic, hereby intending to release and discharge the Raider Field Hockey Camp staff and all personnel affiliated with the Raider Field Hockey Clinic in case of accident, injury, and/or loss of property.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

