

Sandhill 5v5 League and Championships

20330 SandHill Road, Georgetown DE 19947

Staff: GottaLoveit! Coach (KK)Kathleen Fluharty, Maxine Fluharty, Torrie Huk and all hired staff

Medical Release Form

Calling out to all players that would like to participate in a new creative way to play, train, and maximize the number of touches that each player will receive! This event is open to anyone that would like to compete and have fun! We were looking for a way that we could bring community spirit back to field hockey. We desire to have everyone become better! I am so sad that the fall seasons have become "invisible" but we want to find ways to integrate everyone's needs.

Name _____ Address _____

Grade: _____

Birthday _____

E-mail _____

Parent's Phone Number: _____

Parent's Names _____

Emergency Contact: Name: _____ Phone Number: _____

BEST CONTACT INFO FOR SCHEDULE CHANGES: _____

Presently under medical care? (circle one) YES NO Taking any medications? (circle one): YES NO

Explain any concerns or precautions that you feel we need to address to provide a safe experience for your child (on back).

COVID-19 WARNING:

While the Facility is operated and maintained pursuant to the applicable guidelines published by the Center for Disease Control and the State of Delaware, due to the nature of the COVID-19 virus, no assurance or representation is made that the Facility and all employees, participants, guests, vendors, service providers and others that enter upon the Facility are free from COVID-19. Accordingly, everyone entering upon the Facility (or any part thereof) assumes the risk of contracting COVID-19 and/or other viruses related thereto.

In consideration for allowing my child to participate in Sandhill 5v5 League and Championships, I hereby
1) Agree that to the best of my knowledge, the medical information is correct and complete; 2) Agree to assume all risk of personal injury arising from my child's participation, understanding that sport inherently involves risk; 3) Agree not to hold responsible or institute Sandhill fields and/or owners, for any personal injuries sustained while my child participates; 4) Authorize the staff to act on my child's behalf to obtain medical care, at my expense, that is deemed necessary in the director's/coach's best judgment.

Parent's signature: _____

Date: _____