

BYSA FIELD HOCKEY REGISTRATION

For players in grades 5 through Program runs approx. 6-8 weeks. Please contact Field Hockey Director Crystal Harvey via email for more information: fieldhockey@barreyouthsports.com

Child's Information:

Last Name: _____ First Name: _____

Address: _____ City/Town: _____

Date of Birth: _____ Grade: _____ School: _____

BYSA Field Hockey Participant Shirt Size (Adult Size) S ___ M ___ L ___

Parents Information:

Guardian #1: _____

Telephone (cell or landline): _____

Email: _____

Preferred Contact Method (please circle one): TXT Phone Call Email

Guardian #2: _____

Telephone (Cell or Landline): _____

Email: _____

Preferred Contact Method (please circle one): TXT Phone Call Email

Emergency Contact & Phone Number: _____

Emergency Contact & Phone Number: _____

Medical Information: Does your child have any medical conditions or other circumstances the coaches should be aware of? If Yes, please explain:

Medical Release•Liability Waiver•Photography Release •

On behalf of myself, and my heirs, personal representatives, guardians, successors, and assigns, I hereby unconditionally, irrevocably and absolutely release, waive, discharge, and agree to indemnify and hold harmless BYSA Field Hockey and the BYSA Inc Organization, its board of governors, owners, directors, officers, employees, agents, attorneys, insurers, divisions, successors and assigns, and any related holding, parent, sister or subsidiary corporations or entities from any and all loss, liability, claims, demands, causes of action, costs or expenses (including attorneys' fees), damages or suits of any type (collectively, "Claims"), whether in law and/or in equity, related directly or indirectly, or in any way connected with my child's participation in the Program, including, without limitation, any Claims related in any way to BSYA Field Hockey and BYSA Inc, facilities, premises, equipment, training or instruction.

Please initial____ •Release of Liability for FST Negligence TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I AGREE THAT THE FOREGOING RELEASE, WAIVER, DISCHARGE, AND AGREEMENT TO INDEMNIFY EXTENDS TO CLAIMS ARISING FROM THE BYSA Field Hockey and BYSA Inc. Organization RELEASEES' OWN NEGLIGENCE. Please initial____ •I hereby authorize BYSA Field Hockey and the BYSA Inc. Organization to publish photographs taken of the undersigned minor child, for use in the BYSA Field Hockey printed publications and website. Please Initial_____ •I represent and agree that my child is covered by adequate health insurance necessary to cover any and all medical costs that may be incurred as a result of or may arise out of their participation in the BYSA Field Hockey Program. I agree to pay for any costs related to medical treatment that are not covered by insurance. I have completed the "Medical Insurance Information" portion of this form. Please initial____ •I acknowledge that since participation in publications and website produced by BYSA Field Hockey and BYSA Inc. Organization confers no rights of ownership whatsoever. I release BYSA Field Hockey and BYSA Inc. Organization, its contractors and its volunteers, and anyone else affiliated with the BYSA organization from liability for any claims by me or any third party in connection with the participation of the undersigned minor children. Please Initial_____ This Agreement constitutes the entire agreement between the parties regarding its subject matter. The waiver, release and indemnity herein are intended to be as broad as permitted by the laws of the State of Vermont. If any provision of this Agreement is found to be invalid by a court of competent jurisdiction, the provision shall be construed as broadly and enforced to the maximum extent possible to confer the benefits intended hereby, and the remaining provisions shall remain in full force and effect. By signing below, I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will. I ACKNOWLEDGE AND UNDERSTAND THAT THIS AGREEMENT IS A RELEASE OF LIABILITY, AND BY SIGNING THIS AGREEMENT I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST BYSA FIELD HOCKEY AND THE BYSA INC. ORGANIZATION.

Parent's Signature: _____ Date: _____