

Manchester Field Hockey Clinic General Waiver

1. Athlete Information

Name: _____
DOB: _____ School: _____
Experience in years: _____

2. Responsible Party Information

Name: _____
Relationship: _____
Address: _____

Cell Phone: _____

3. Parent/Guardian Permission and Hold Harmless Agreement

Parent/Legal Guardian Name(s)(please print): _____

I, the participant's parent/legal guardian, understand the nature of the athletic program activities, certify that the participant is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless the Manchester School District and Staff and Manchester High School Central and Memorial staffs from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

In anticipation of my child's participation in the program, I certify that I have consulted with my child's physician and that my child has been medically cleared for sports and athletic related activity. I also attest that my child is covered by a health insurance policy, individually or by our family policy in the event of accident, injury or illness.

I also agree and understand that there may be specific guidelines in place to address the circumstances caused by the presence of COVID-19 in the community and that in order to participate in this clinic my child and I will follow those guidelines. However, I also understand that those guidelines do not prevent athletes from contracting or

coming in contact with someone who has any illness including COVID-19. Furthermore, I agree that COVID-19 is a novel corona virus and as such guidelines and protocol for participation in this clinic may change at any time.

I also grant the Manchester Hockey Clinic Staff permission to take photographs of me and my family with connection and only with connection to the Manchester Hockey Clinic programs Manchester Hockey Roos and use such photographs without my name for any lawful purpose such as publicity, advertising and web content.

Parent Signature: _____

Date: _____

4. Medical and Emergency Information

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, Epi-pen, insulin): _____

5. Parent/Legal Guardian Emergency Contact Form

I give permission for my child to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name/Phone #

Second Emergency Contact Name/ Phone #

Parent/Guardian Signature: _____

Date: _____