

New Castle Field Hockey Association (NCFHA)

Registration & Waiver

Welcome to 2019 Fall Registration!

Please print clearly or type the requested information. All (*) fields are mandatory. For the programs and fee schedules refer to our website NewCastleFHA.org. Please sign the insurance waiver and mail the completed form with your payment to the address provided on the website.

Participant Information	
*Player's First Name	
*Player's Last Name	
*Birth Date (mm/dd/yyyy)	
*Grade	
*School	
*Street Address	
*City	
*State	
*Zip	
*Home Phone	
Cell Phone	
E-mail Address	

Parent Information	
*First Name of 1st Parent	
*Last Name of 1st Parent	
*Street Address	
*City	
*State	
*Zip	
*Home Phone	
*Cell Phone	
*E-mail Address	

Parent Information (continued)

First Name of 2nd Parent	
Last Name of 2nd Parent	
Street Address	
City	
State	
Zip	
Home Phone	
Cell Phone	
E-mail Address	

WAIVER/EMERGENCY AUTHORIZATION

Please review the waiver below as well as the Player's and Parent's Code of Ethics which you can find on our website. By signing the waiver below, you confirm that you have read and understood both and discussed good sportsmanship with your child.

I/We, the parent(s) and/or legal guardian(s) of the above named player, a minor, for the position on a NCFHA team, hereby give my/our approval to participate in any and all league activities. I/We accept and assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the NCFHA, its organizers, directors, officials, employees, volunteers, officials, persons transporting my/our child to and from activities, agents, and any other chartering organization for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this association covers only the amount that is not paid by my/our carrier. I/We will furnish a certified birth certificate of the above-mentioned player to the NCFHA if requested.

I/We the parent(s) and/or legal guardian(s) of the above named player, a minor, hereby authorize the coaches and/or other NCFHA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

I/We agree to grant permission without reservation to the NCFHA and those authorized by the NCFHA to take photographs and/or recordings of me/my family, and use them in original or modified form in all traditional and social media now or hereafter, with or without my name/my family's name or information about myself/my family, for the promotion, public education, and/or fundraising activities of the NCFHA. I will receive no compensation for the above. I agree to release the NCFHA's officers, directors, agents, employees, independent contractors, licensees, and assignees from all claims nor or in the future, relating to the above. I agree that the NCFHA will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings with full power of disposition.

Waiver/Emergency Authorization and Code of Ethics has been read and agreed.

Signature _____ Date _____

Important: Your registration is not complete until we receive your payment!