

# New Castle Field Hockey Association (NCFHA)

## Registration & Waiver

**Welcome to 2023 Fall Registration!**

Please print clearly or type the requested information. All (\*) fields are mandatory. For the programs and fee schedules refer to our website <http://www.newcastlefha.org/registration-2023/>.

Please sign the Waiver/Emergency Authorization/COVID waiver, **SCAN AND SEND** a copy by email to [joanna.rizoulis@juliabfee.com](mailto:joanna.rizoulis@juliabfee.com), and **MAIL** the completed form with your payment to Joanna Rizoulis, 2 Kittle Road, Chappaqua, NY 10514.

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

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

**Parent Information**

<b>Parent Information</b>	
<b>*First Name of 1<sup>st</sup> Parent</b>	
<b>*Last Name of 1<sup>st</sup> Parent</b>	
<b>*Street Address</b>	
<b>*City</b>	
<b>*State</b>	
<b>*Zip</b>	
<b>*Home Phone</b>	
<b>*Cell Phone</b>	
<b>*E-mail Address</b>	
<b>First Name of 2nd Parent</b>	
<b>Last Name of 2nd Parent</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>E-mail Address</b>	

**WAIVER IS ON THE NEXT PAGE**

## 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 or 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.

## COVID WAIVER

Despite all the precautions that you, the above-named player, other players, and/or NCFHA may take to combat novel coronavirus or COVID-19 (collectively, "COVID-19") such as, for example, hand cleaning, social distancing, equipment cleaning, minimizing the use of shared objects between individuals, and other acts of vigilance against COVID-19, NCFHA cannot guarantee the above-named player's health or safety, and such player may still be exposed to COVID-19, including, without limitation, through touching equipment, utilizing field space for training, participating in training, and through direct and/or indirect interactions with other players, coaches, volunteers, or individuals who have COVID-19, have been exposed to COVID-19 or individuals who may be carrying the COVID-19 virus, but do not exhibit any symptoms of that disease.

Consequently, guarantees cannot be made about the above-named player's health or safety relative to COVID-19, notwithstanding any precautions taken. By submitting the Registration and Waiver, and accessing NCFHA's programming, you, on behalf of yourself and your participating child, and on behalf of all persons who reside with you and with your child, as well as your heirs, beneficiaries, representatives, successors and assigns:

1. Knowingly and voluntarily assume all risks and dangers, known and unknown, that are associated with any exposure to COVID-19, including, but not limited to, suffering any type of medical condition, illness and, potentially, death;
2. Acknowledge that your use of and/or participation in the programming of NCFHA could result in you contracting COVID-19, respiratory failure, death, and/or the transmission of COVID-19 to family or household members and others who may also suffer these effects;
3. Knowingly and voluntarily waive, release, covenant not to sue, and forever discharge, and agree to indemnify and hold harmless NCFHA, its players, parents, volunteers, subsidiaries and other affiliates, and its and their respective officers, directors, members, employees, contractors, agents, representatives, successors and assigns (the "NCFHA Parties") from any and all liability, damages, losses, suits, demands, causes of action (including, without limitation, negligence), or any other claims of any nature whatsoever, arising out of, or relating in any way to, your use of and/or participation in NCFHA programming and any potential or actual exposure to COVID-19, to the maximum extent permitted by law; and
4. Agree to abide by the directives and guidelines in effect in New York State, Westchester county and the Town of New Castle to disrupt the spread of COVID-19. You can find more information, updates and resources on COVID-19 by accessing the New York State, Westchester County or other municipal web sites, and by going to the Centers for Disease Control and Prevention at <https://www.cdc.gov>.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_