



Club Name		
Nickname	Age Group	
League	State Assoc.	
Tourn. #(s)	League Age U-	(B/G)
Coach		
Street		
City	State	Zip
Phone (H)	(W)	

Note: The Statement should be signed by parent/guardian for minor player: an adult player for himself/herself. Coach for himself/herself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the WVSD. Recognizing the possibility of physical injury associated with Field Hockey(FH) and in consideration for the WVSD accepting the registrant for its FH programs and activities (the "PROGRAMS"). I hereby release, discharge and/or otherwise indemnify the WVSD, their employees and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

	Players Name (Print)	Parents Release	Birthdate
1			
2			
3			
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5			
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14			
15			
16			
17			
18			
Coach			
Asst.			

Signature of Coach

Date