

Delaware Shore Field Hockey, Inc.

This is your copy of the registration form. Read the entire document carefully!

MEDICAL INFORMATION AND CONSENT FOR TREATMENT

Be aware of the concussion protocols!

Graduation Year From HS: Current age: date:2/14/23
Program fee for an adult is waived as long as she/he acts as a player/coach during the league.

Summer league year:

PLAYER NAME: DOB:

ADDRESS:
City, State, Zip:

Emergency Contact or parent name(s):

Athlete Cell Phone: Emergency contact cell phone:

email of athlete: Emergency contact email:

ALLERGIES TO MEDICATIONS or other KNOWN MEDICAL ISSUES:

MEDICAL INSURANCE COMPANY:

MEDICAL INSURANCE NUMBER (Group and personal):

EPI-PEN? Location if you have an ePI-PEN:

DATE OF LAST TETANUS BOOSTER (estimated):

I GIVE CONSENT FOR THE ATHLETE NAMED ABOVE, TO RECEIVE MEDICAL TREATMENT IN MY ABSENCE. CONSENT FOR MEDICAL TREATMENT MAY BE OBTAINED FROM THE INDIVIDUALS LISTED BELOW.

MICHAEL EISENHOUR, Director (302-236-4265), or DSFH, INC. EVENT SUPERVISOR (Team Coach)

ATHLETE SIGNATURE: DATE: 2/14/23

Note: This constitutes a legal signature as per State of Delaware Title 6 Commerce and Trade, Subtitle II – Uniform Electronic Transactions Act.

Delaware Shore Field Hockey, Inc.

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT FORM

In consideration of the services of the Delaware Shore Field Hockey, Inc. (DSFH, INC), their officers, agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge DSFH, INC, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that Field Hockey entails known and anticipated risks which could result in physical or emotional injury, paralysis, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.
2. The risks include, among other things; colliding with another player or players, walls, or barriers; falling or tripping onto the floor, barrier or other persons; getting hit by a stick, ball, or person.
3. Furthermore, DSFH, INC employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's physical fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
4. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless DSFH, INC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of DSFH, INC equipment or facilities, including any such claims which allege negligent acts or omissions of DSFH, INC.
6. Should DSFH, INC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless them for all such fees and costs.
7. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any condition.
8. I understand that a photo/image of me may be used in articles regarding Delaware Shore events or in social media that documents the efforts and activities of Delaware Shore Field Hockey.

By signing this document, I acknowledge that if I or anyone else is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit or claim against DSFH, INC on the basis from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Name of Athlete:

Date: 2/14/23

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Every player's conduct on and off the pitch (field or indoor surface) is expected to be exemplary. (Refer to your USFHA code of conduct and Delaware Shore documents.) **An athlete will accept their role on the team. They will never disparage teammates or coaches, will never show negative emotions or act in negative ways during competition, and will participate in all team building activities to the best of their ability.** As per the code of conduct, if problems with conduct should present themselves, I may be suspended or removed from the DSFH, Inc. roster.

You must have an active USFHA membership:

All USA Field Hockey member clubs receive the benefit of General Liability and Participant Accident insurance (Excess Medical & AD&D benefits) in connection with field hockey games, tournaments, practices, camps, clinics, and related or incidental activities that are sanctioned or approved by USA Field Hockey. This insurance also extends to all club sponsored or supervised activities such as club or team meetings, banquets, and approved fundraising events such as bake sales, car washes and other similar activities. **Although it has been a requirement for all club members to be USAFH members for some time, we will now enforce this requirement to ensure that we comply with the provisions of our insurance policies.**

USA Field Hockey Membership #:

USA Field Hockey Expiration Date:

Event Medical Certification Form

I certify that I have no medical condition or injury at this time that would prevent me from participating in the current Delaware Shore Field Hockey event. This form must be resubmitted or an email to deshore@delawashorefh.org must be sent stating that I has been cleared to return to DSFH, Inc. at the start of each new program, if there have been health issues before the scheduled activity.

Athlete's Signature:

DATE: 2/14/23

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