



## Bluegrass Premier Field Hockey Club, LLC

### CONSENT FORM: FIELD HOCKEY PARTICIPANT

In order to enable appropriate and competent healthcare professionals and/or facilities to provide prompt medical care and treatment to your minor child in the event of an accident, injury, or illness occurring during participation in a Bluegrass Premier Field Hockey Club, LLC ("Bluegrass") sponsored, operated, or administered event or activity (an "Activity"), please supply the following information.

**Child's Name:** \_\_\_\_\_

**Person(s) to notify in case of an emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Special medical concerns/allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

I, the undersigned, by affixing my signature below, certify that I am the parent or legal guardian of \_\_\_\_\_ ("Child") and hereby give my permission for any staff member of Bluegrass, while acting in a supervisory capacity as to my Child and, in the event of, an accident, injury, or illness, to seek appropriate medical attention for my Child and authorize medical providers and/or facilities to provide medical attention to my Child. I agree I will be responsible for any and all costs related to the provision of the medical attention and treatment mentioned above and certify I have medical insurance to cover these costs.

I, as the parent or legal guardian of my Child, understand and recognize the following:

1. Field Hockey is a contact sport involving physical motion and activity often resulting in contact between players and other players and players and the sporting equipment necessary for playing field hockey;
2. Such contact, as described in No. 1 above, can occur during the course of both instruction and competition;
3. Such contact, as described in No. 1 above, may result in injury to my Child; and
4. A number of minor children will be in attendance at any particular Activity and at each Activity there will be a limited number of Bluegrass coaches and supervisory personnel; as a result, no participant can receive constant and uninterrupted individual attention and supervision for the duration of any Activity.

In addition to the above I also do hereby acknowledge and represent the following:

1. My Child is physically fit and mentally capable of participating in field hockey related Activities ("FH Activities") and any and component of any FH Activity or Activities in which my Child is involved; and
2. I have sought the opinion of my Child's physician and my Child's physician concurs that my Child is fully capable of safely engaging in field hockey and any FH Activity in which my Child is involved; and
3. I have provided my Child with the minimum necessary safety equipment for participation in field hockey and any FH Activity in which my Child is involved and which is specifically required of his/her playing position as mandated by the rules and regulations of U.S. Field Hockey.

I hereby give permission for my Child to participate in field hockey and FH Activities and do hereby release, waive and discharge the Bluegrass, its staff, its members, and its administration from all rights and claims for damages arising from an accident, injury, or loss to person or property which may be sustained or occur during participation in a FH Activity.

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Sign)

\_\_\_\_\_  
Date