

2021 Watertown Elite Field Hockey Clinic for Grades K-8

September 18 - October 23

8:00-9:00 a.m. on Saturdays

Cost: \$125



Clinic Director: Eileen Donahue, Watertown High Field Hockey Coach

Coaching Staff: Watertown High Varsity Field Hockey Players

Location: Victory Field

Check Payable: Watertown Elite Field Hockey, LLC

Child's Name: _____ **Grade:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Parent Phone: () _____ - _____

Parent Email: _____ @ _____

A clinic shirt will be provided. Mouth pieces, goggles and shin pads must be worn.* With this application, please enclose an up to date Medical Form and Release of Liability Form and non-refundable \$125.00 check payable to:

"Watertown Elite Field Hockey, LLC" Mail to: P.O. Box 316, Belmont, Mass. 02478

Amount: _____ **Check#** _____ **Date:** _____

Contact us with questions at: watertownelitefieldhockey@gmail.com

Tobey Donahue 617-762-6727 P.O. Box 316, Belmont, Mass. 02478

If you **DO NOT** want your child to have their **Photo/Video** put on our Watertown Field Hockey Instagram, please sign here:

Parent Signature: _____ **Date:** _____

Release of Liability

Watertown Elite Field Hockey Clinic, Sept. 18-Oct. 23

Please read carefully. This is a release of liability and other rights. Although precautions are taken to provide proper organization, instruction, and equipment for your child’s participation in the Watertown Elite Field Hockey clinic, there can be no guarantee of absolute safety against injury, accident or illness. (ex: communicable diseases such as MRSA, influenza, and COVID-19) There are elements of risk in any sport or program involving physical exertion and risk taking the activity and the use of any equipment in connection with the activities. I/We, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities involving field hockey, and /or any other physical undertakings. **Any participation by my child in the activity (ies) will be voluntary.**

WAIVER OF LIABILITY

In partial consideration of our child’s acceptance into the Watertown Elite Field Hockey Clinic, I/We as parents of Player’s Name: _____ do hereby agree to limit the liability of the Watertown Elite Field Hockey Clinic, Watertown Recreation Department, its employees, agents, officers, staff and trainers, to the coverage of the medical insurance policy covering participants in the Watertown Elite Field Hockey Clinic. I further agree to waive all liability of the Watertown Elite Field Hockey Clinic, Watertown Recreation Department, its employees, agents, officers, staff and trainers, for any accident, injury (including death), illness or other mishap which might be-fall the above-named player while traveling to or from, or during his/her attendance at the Watertown Elite Field Hockey Clinic, which is not covered by said medical insurance company.

AUTHORIZATION I/We hereby grant permission to the staff and trainers of the Watertown Elite Field Hockey Clinic, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named player any medical and surgical treatment that they deem necessary.

ACKNOWLEDGEMENT

In signing this Release of liability, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be constructed in accordance with the laws of the Commonwealth of Massachusetts.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

Emergency Medical Release : In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/emergency contact person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the Watertown Elite Field Hockey Clinic to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child. **I also understand that my child’s reservation may be cancelled if the necessary up to date Medical and Release of Liability forms have not been received with the Watertown Elite Field Hockey Clinic application.**

Parent/ Guardian Signature: _____ **Date:** _____

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