



HARVARD UNIVERSITY

2009 HIGH SCHOOL FIELD HOCKEY TOURNAMENT
HARVARD STADIUM BUBBLE

Please have each participant complete the following waiver.

Worcester County United Field Hockey-www.wcufha.com - Player

NAME: _____

ADDRESS: _____

EMERGENCY PHONE NUMBER: _____

MEDICAL INSURANCE CARRIER: _____

POLICY #: _____

I hereby release Harvard University coaches and players from any and all liability for any illness and injury incurred at the Clinic and agree that my child is in good health and able to participate in a clinic of this type.

SIGNATURE PARENT/GUARDIAN: _____ DATE: _____