



Northeastern Field Hockey  
High School/Club 7v7 Outdoor Clinic

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Please have each participant complete the following waiver.

**Worcester County United Field Hockey-[www.wcufha.com](http://www.wcufha.com) - Player**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

I hereby release Northeastern 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: \_\_\_\_\_