



TUFTS FIELD HOCKEY CLINIC 2008

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SCHOOL: _____ AGE: _____

YEARS OF EXPERIENCE: _____ Position: _____

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PLEASE SIGN AND RETURN THIS FORM WITH PAYMENT AND REGISTRATION

RELEASE

In consideration of the acceptance of my entry as a participant in the Tufts Field Hockey Clinic 2008, I, for myself, my executors, administrators, heirs, and assigns, do hereby release and forever discharge the Trustees of Tufts College, and all officers, administrators, employees and agents of Tufts University, and all owners of the property on which the Clinic is held from all claims and damages, demands, and actions whatsoever in any manner or growing out of my participation in this event. I hereby attest and verify that I have full knowledge of the risks involved in The Tufts Field Hockey clinic 2008, that I assume those risks, that I will assume and pay my own medical expenses and emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expense. I attest that I am physically fit and sufficiently trained to participate in the Tufts Field Hockey clinic 2008.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

PLEASE RETURN TO: TINA MCDAVITT/FIELD HOCKEY OFFICE
ATHLETIC DEPARTMENT
TUFTS UNIVERSITY
MEDFORD, MA 02155

**ALL PLAYERS MUST HAVE A MOUTHGUARD, STICK
AND SHINGUARDS
GK's MUST HAVE THEIR OWN EQUIPMENT**