

Field Hockey Spring Skills Training

* Learn New Skills & Tactics * Improve Your Play *

5 Sunday SESSIONS FOR \$425

Coaching Staff from Spirit Eagles Field Hockey Group:

- **Bobby Issar** - Former U.S. National Team Player and U.S. Women's National Team High Performance Coach
- **Plus Other Qualified Coaches**

Saturday April 5	10am-12pm	Kent Place School in Summit, NJ
Saturday April 12	10am-12pm	Kent Place School in Summit, NJ
Saturday April 19	10am-12pm	Kent Place School in Summit, NJ
Saturday April 26	10am-12pm	Kent Place School in Summit, NJ
Saturday May 5	10am-12pm	Kent Place School in Summit, NJ

Everyone will be required to have shin guards, mouth guards and an Outdoor stick. All participants must be members of USFHA in order to participate. You can become a member by going to www.usfieldhockey.com. There are limited spaces available so please enroll early. Upon receiving your application, you will *only be notified if the session is closed out*. **NO REFUNDS**

DIRECTIONS: For directions to The Kent Place School in Summit, NJ please go to: www.spiriteagles.com

MAIL IN REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ USFHA # _____

PHONE: _____ E-MAIL: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

FIELD PLAYER: _____ GK: _____

SPRING SKILLS TRAINING: U14 U16 U19 PAYMENT OF \$ _____ ENCLOSED

Parent/Guardian Acknowledgment

I verify that my child has been checked by a licensed physician prior to attending the Spirit Eagles Field Hockey Programs and is physically able to participate. I allow the coordinators to act on my child's behalf and to obtain medical care if required. In addition, I understand and assume all risks resulting from the participation in this training session and will hold harmless Spirit Eagles Field Hockey Club, its employees, their trustees and officers of any liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever which may arise in connections with or resulting from participating in any of the Spirit Eagles Club program.

Parent/Guardian Signature _____

Date _____

Make checks payable to **Spirit Eagles Group (SEG)** and mail registration to:
Spirit Eagles Group
Attn: SPRING Training Session-KENT PLACE
PO Box 126
Milltown, NJ 08850

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **Spirit Eagles Group, Inc. (SEG)** programs, related events and activities, the undersigned acknowledges, appreciates, and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
2. I acknowledge and fully understand that each participant will be ENGAGING IN ACTIVITIES THAT INVOLVE RISK OR SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, INACTIONS OR NEGLIGENCE BUT THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. Further, I accept personal responsibility for the damages following such injury, permanent disability or death; and,
3. *I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation; and,*
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless, the **Spirit Eagles Group, Inc. (SEG)**, its officers, officials, and affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases," with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
5. *I hereby permit the free use of my name, image or otherwise in any broadcasts, telecasts, internet and press as they pertain to the Club.*

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE (even if under 18)

PRINTED NAME

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(Under Age 18 at Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY PHONE #(S)
