



**Summer Workout Participation Registration:** Please Print. Do not include more than one participant per registration form; use blank form to make copies for additional participants. Please email or bring in registration forms and checks to the Coach, Athletic Office, or the Camp Instructor.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Parent\Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Grade (as of June 1, 2018) \_\_\_\_\_

Emergency Information: If we cannot contact parents, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I/we (print parent's names) \_\_\_\_\_ in return for my child's opportunity to participate in the (school name) \_\_\_\_\_ Field Hockey Summer Workouts do hereby exempt and release the Charlotte Ambush, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the Field Hockey Summer Workouts, whether or not such damage, loss or injury results from the negligence of Charlotte Ambush, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the Charlotte Ambush Summer Workouts. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name here) \_\_\_\_\_. I/we further acknowledge that no representation or promises by Charlotte Ambush representatives have been made in induce me to sign this release.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**General Medical Release/Liability Waiver Waiver:** I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to Miki Osherow, her affiliated organizations and sponsors, coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Charlotte Field Hockey Club will cause the participant to be removed from the Program. (revised 11/01/04)

Parent Please Sign and date that you have read the above.  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Driving/Transportation Form - Charlotte Ambush Teams**

\_\_\_\_\_ Please initial stating that you give your student/athlete permission to drive themselves to off campus events. Note that Charlotte Ambush nor your school will provide transportation to Field Hockey practices, games or team bonding events. Student/athletes and/or parents will be responsible for driving to all these events.

\_\_\_\_\_ Please initial if you give your student/athlete permission to drive other athletes to Field Hockey events.

\_\_\_\_\_ If you initial above - how many others may they drive?

\_\_\_\_\_ Please initial if you give permission (to your student/athlete) to ride with another student/athlete to an off campus event?

Charlotte Ambush and it's coaches are not responsible for managing or overseeing carpools; arranging carpools or scheduling any travel arrangements for student/athletes.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Cell Number \_\_\_\_\_ Date \_\_\_\_\_