



**NOMADS**

*Field Hockey Club LLC*

**Indoor SEASON 2010/11 - REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Player e-mail:** \_\_\_\_\_

*Essential as all correspondence for this club is done by email*

**Parent e-mail:** \_\_\_\_\_

PARENT PHONE \_\_\_\_\_ PLAYER PHONE \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Player position: \_\_\_\_\_ Circle one U10 U12 U14 U16 U19 (age on 1 -1- 11)

Last school/teams you played for: \_\_\_\_\_

**USHFA Membership #:** \_\_\_\_\_

*Copy of CURRENT membership card should be sent with registration otherwise you will not be allowed to enter the playing field.*

**HEALTH INFORMATION:**

I, the parent/guardian of the above-named candidate for the Nomads FHC LLC hereby give my consent to team coach and/or the medical representative thereof to obtain medical care from any licensed physician, hospital or clinic for any injury that could result from participation in Nomads FHC activities.

Name of Insurance carrier: \_\_\_\_\_

Policy number / Group number: \_\_\_\_\_

**Parent or Guardian signature:** \_\_\_\_\_

Please list any allergies and/or medical conditions that the Club should be aware of: \_\_\_\_\_

Contact for Emergency: Dr \_\_\_\_\_

Tel # \_\_\_\_\_

Parent/Guardian Contact for Emergency: Name: \_\_\_\_\_

home phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

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**Mail all registration forms and fees (checks made out to Nomads FHC, LLC ) to: Jaime Ginsberg.**

If you DO NOT wish to have your picture used on the Nomads website, check here.

# United States Field Hockey Association – Code of Conduct

**Assumption:** This code is based on the premise that participation in programs of the United States Field Hockey Association (USFHA) conducted at any site is a privilege. Participants are guests of the site and are obligated to abide by its rules. The National Governing Body (USFHA) is responsible to these sites to insure the proper conduct of participants in USFHA programs. The program leaders shall have the authority to take disciplinary action in case of violations of this code.

**Conditions of Participation:** All participants in this program, conducted by the USFHA at the host site, must agree to abide by this Code of Conduct. By signing this document you will be acknowledging that you have read it, understand it, and are willing to abide by the Code of Conduct.

## **Rules:**

1. Those participants perpetuating the damage will pay for any physical damage to the facility.
2. There will be no possession or use of alcoholic beverages at the host site by anyone under the legal drinking age; or anyone if prohibited by the host site.
3. There will be no possession or use of any prescription drug or USOC banned substance unless participant is currently under physician's care and the medication is required for treatment of an illness or injury (documentation required).
4. Unacceptable behavior will not be tolerated, including but not limited to:
  - Any act considered to be an offense under federal, state, local and USOC laws and rules.
  - Vandalism, damaging of property, unauthorized use of equipment or property, or theft.
  - Unsportsmanlike conduct.
  - Inappropriate horseplay or other misbehavior which physically endangers any person or property.

**Note:** Persons present while any violation of the Code of Conduct occurs must leave the area immediately or be considered a participant by choice. Any person observing or having knowledge of an activity, which may result in serious bodily harm to a program participant, must immediately report such activity to a member of the staff.

**Consequences:** Violation of the Code of Conduct may result in:

1. Participant(s) responsible for property loss being liable to pay all replacement/repair costs.
2. Partial or full restriction of movement at the host site.
3. Expulsion from the program with participant being sent home at his/her own expense.
4. A written report submitted to the USFHA Executive Committee for further action.
5. Loss of opportunity to participate in future programs conducted under the auspices of the USFHA.

**Process:** All Code violations shall be reported as soon as possible to the program's director.

1. Upon notification of a code violation, the director and appropriate staff members may hold a hearing with the participants involved.
2. The program director shall have the authority to enforce any of the above listed consequences, notifying the participant within at least 24 hours of the hearing.
3. A recommendation by the program director that the participant be restricted from future programs must be submitted in writing to the USFHA Executive Committee, which shall make the final decision.
4. The participant shall have the right to appeal a decision by the Executive Committee in accordance with the Bylaws of the USFHA.

## **ACKNOWLEDGEMENT**

I agree to abide by the above Code of Conduct and its intent and I understand the possible consequences if it is violated.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Print City, State Zip

\_\_\_\_\_  
**Participant signature** – regardless of age, must sign

## **Nomads Field Hockey Club**

\_\_\_\_\_  
Print Team Name

## **PARENTAL CONSENT**

Participants under 18 years of age at the time this form is signed must have the portion completed by their parent or legal guardians.

This is to certify that I, \_\_\_\_\_  
as parent/guardian of \_\_\_\_\_  
do hereby give consent to the USFHA, and its assigned staff, for my child to be under their supervision for participation in this program. I agree to be responsible for all costs for damage for which my child is responsible, and agree to pay all costs arising from disciplinary actions.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
**Signature of Parent/Guardian**

**PLEASE NOTE: Both Parent/Guardian and participant must sign this form in places indicated if the participant is under 18.**

U.S. FIELD HOCKEY ASSOCIATION WAIVER



PLEASE PRINT

Membership (Player) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please provide as much information as possible when filling out this form. Missing information could delay your membership status.

Waiver and Release of Liability

In consideration of being allowed to participate in any way in the United States Field Hockey Association 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 sever social and economic losses which may 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 behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the United States Field Hockey Association, its officers, officials, affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies advertisers, and, if applicable owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and 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 19)

Date

This is to certify that I, as parents/guardian with legal responsibility for this participant, do consent 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 above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature

Date