## Lasting Legacy Field Hockey Club Field Hockey Academy at Cold Spring Harbor

	1	ali Progra	am 2018		
	Grad	<i>les 3-6</i> F	Registration		
Please Print: Name			DOB	Age	e Grade
Address					
City					
Parent Names					
Home # ()					
Cell # ( )	Cell# (	)	Emergen	<b>cy</b> # ( )	
Emergency Contact (name	e)		Rel	ationship	
CSH		Fall Program  Practice Times: 10:30am to 12:00pm  September 16 <sup>th</sup> , 23 <sup>rd</sup> , 30 <sup>th</sup> October 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup>			CSH
	Submit Regis Lasting Legacy Field		and Check Payabl Box 564, Huntingto		1
	I	Fall Program F	ee: \$165.00		
		-	ing Harbor High S wrence Hill Road	School	
9	Questions: <u>lastinglegacyf</u> h	a@gmail.com	Website: www.lasti	nglegacyfhc.c	<u>om</u>
	Waive	r/Release of Li	ability Agreement		
I understand that Lasting Le requiring medical treatment the above named player, wh	. I hereby accept any and	all responsibility	y for, and assume the	risk of any and	d all injuries and damages to
Lasting Legacy Field Hock occur. If medical attention					

administered.

I hereby consent to the use of above named player's image by Lasting Legacy Field Hockey for any and all purposes including without limitation, video, still photographs, publications, and any trade or advertising purpose.

I also understand that there are no refunds or credits for any reason. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only to me, but my heirs, administrators, executors, successors and assigns.

Parent/Guardian Signature	Date