

# ***Lasting Legacy Field Hockey***

## **Winter Program 2018 - 2019**

### **U10 - U12 - U14 Registration**

<b>Please Check One:</b>	
Training Only	<input type="checkbox"/>
Training and Tournaments	<input type="checkbox"/>

*Please Print:*

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Age as of Jan 1<sup>st</sup>)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Field Player \_\_\_\_\_ Goalkeeper \_\_\_\_\_

School District \_\_\_\_\_ Parent Names \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

USFHA Membership Number \_\_\_\_\_ *Please Select Lasting Legacy as your NY Club Affiliate*

**U10-U12**  
**Practice Schedule**  
**Mondays 4pm – 6pm**  
**Dec 3, 10, 17 Jan 7, 14**  
**Feb 4, 25,**

*Practice Only Fee*  
**\$285**

*Tournament Fees*  
**Additional**

**U14**  
**Practice Schedule**  
**Mondays 6pm - 8pm**  
**Dec 3, 10, 17 Jan 7, 14**  
**Feb 4, 25,**

**Submit Registration Form To:**  
**Lasting Legacy Field Hockey, PO Box 564, Huntington, NY 11743**

**PLEASE ACCEPT MY TAX DEDUCTIBLE DONATION TO THE "PITCH FUND" IN THE AMOUNT OF \$ \_\_\_\_\_**  
LASTING LEGACY IS A 501(C)(3) CORPORATION

**Practice Site: Skate Safe America**  
**182 Old Bethpage Sweet Hollow Road, Old Bethpage, NY 11804**

Questions: [lastinglegacyfh@gmail.com](mailto:lastinglegacyfh@gmail.com) Website: [www.lastinglegacyfhc.com](http://www.lastinglegacyfhc.com)

### **Waiver/Release of Liability Agreement**

I understand that Lasting Legacy Field Hockey does not provide medical insurance for players in the event of illness or injury requiring medical treatment. I hereby accept any and all responsibility for, and assume the risk of any and all injuries and damages to the above named player, which may arise directly or indirectly as a result of and or participation in Lasting Legacy Field Hockey Programs.

Lasting Legacy Field Hockey and its employees, coaches, and officers cannot be held responsible for any and all injuries that may occur. If medical attention is required in any Lasting Legacy Field Hockey activity, I give permission for such medical care to be 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 refunds or credits may not be granted. 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 \_\_\_\_\_