

# London Field Hockey Club

## Registration Form –Spring/Summer 2014

Player's name \_\_\_\_\_

Parents name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Birth Date (Day/Month/Year): \_\_\_\_\_

FHO Number: \_\_\_\_\_ (to register, please go to [www.fieldhockeyontario.com](http://www.fieldhockeyontario.com) )

I hereby agree, as a member of London Field Hockey Club (LFHC)

- TO RELEASE LFHC, event organization bodies, sanctioning bodies and LFHC sponsors and their respective directors, officers, employees, agents, contractors, representatives, successors or assigns (collectively the "Releasees" from any liability for any loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of my participation in any LFHC program, due to any cause. Including negligence or breach of contract;
- TO WAIVE ANY CLAIM that I may have or may have against any or all of the "Releasees" regarding any matter, including without limitation, any claim arising out of any LFHC program;
- TO INDEMNIFY THE RELEASEES from any and all claims, actions or Loss resulting in any way from my participation or my child's participation in LFHC programs;
- THIS DOCUMENT SHALL bind my heirs, executors, administrators, assigns, and representatives and will have effect throughout my membership in LFHC and, to the extent reasonably necessary to give it effect, thereafter;
- THAT I am (or my child) is physically fit to participate in any LFHC programs;
- THAT LFHC is authorized to take photos of me (or my child) for publicity and promotional purposes only.
- I hereby acknowledge and agree that LFHC may use and disclose the information on this form to enable LFHC to provide membership benefits to all LFHC members.
- THAT membership in LFHC may be suspended or withdrawn in accordance with the provisions of the Code of Conduct and By-laws of LFHC.

**By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity.**

Registration Fee: U 10: \$100, U 14 \$150, U 18: \$200.00

*Mouth guards and Shin Pads are mandatory*

**Please make cheques payable to: London Field Hockey Club**

Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian if Participant Under 18

Date \_\_\_\_\_

\_\_\_\_\_  
PRINT Relationship to Child

Please print and return to:  
**Nicola Levstik**  
**1560 Gloucester Rd**  
**London N6G 2S6**