

## FIELD HOCKEY CAMP APPLICATION

Today's Date: \_\_\_\_\_

Athletes Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone No.(H) \_\_\_\_\_ Phone No.(W) \_\_\_\_\_

Emergency Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Year In School Next Fall \_\_\_\_\_ T-Shirt Adult XL L M S

My child has permission to attend the Falcon Field Hockey Camp. I certify that within the past year she has had a physical examination and that now she is physically able to participate in field hockey camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Falcon Field Hockey Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Falcon Field Hockey Camp she may incur a risk of injury. I specifically waive and give up and release the Falcon Field Hockey Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

---

\*I understand that any pictures taken by Falcon Field Hockey Camp may be used for promotional purposes.

Parent's Signature \_\_\_\_\_

\*Please make checks payable to: Falcon Field Hockey Camp

Mail to:

**Danielle Ryan - Field Hockey Coach**  
5 Woodmere Court  
Hamburg, NJ 07419  
973-919-0143 (cell)