

COLUMBIA FIELD HOCKEY 7v7 TOURNAMENT/CLINIC WAIVER

GENERAL INFORMATION

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____ Name of Parent or Guardian _____
Address (in different from participant) _____

ABOUT THE ACTIVITY

Columbia Field Hockey 7v7 Tournament/Clinic participants will partake in a field hockey tournament with an optional instructional field hockey clinic on Sunday, April 15th (all day). Athletes will be responsible for securing their own transportation to and from Baker Athletic Complex Bubble as well as will provide their own equipment for the clinic.

MEDICAL INFORMATION

Medical Insurance: Everyone participating in the Columbia Field Hockey Winter Clinic is required to have medical coverage. Please confirm that the participant has such coverage and the name of the provider.
Confirm the participant has health insurance Y/N ___ Health Insurance Provider: _____

If any participant has a medical condition, it is the responsibility of said individual and Parent/Guardian to have all necessary medications available throughout the duration of the activity. Participants can alert program staff of his/her medical condition if he/she is comfortable doing so and or thinks it is necessary / important to alert the staff.

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name: _____ Relationship to Participant: _____
Phone Number: _____ Cell Phone: _____

CONFIDENTIALITY NOTICE

A copy of this form will be filed electronically in the Administrative Office for at least three years after the activity has concluded. Please note that this form contains confidential information and should be handled accordingly.

WAIVER

You agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me or my child in connection with my child's participation in the **Columbia Field Hockey 7v7 Tournament/Clinic** or including, but not limited to, any personal injury, death, or property damage, and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees, representatives or assigns, from all claims resulting from any injuries, damage, illness, or death in connection with my child's participation in the **Columbia Field Hockey 7v7 Tournament/**. By signing this form, I agree and promise to indemnify, defend, and hold harmless the University as a result of any injuries, damage, illness, or death in connection with the Participant's attendance in the **Columbia Field Hockey 7v7 Tournament/**. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Signature of Participant

Date

Print Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

IMPORTANT INFORMATION

In Case of an Emergency, first contact local help by dialing 911 or the local authorities.

As of 12/7/2017