



**Elms College Field Hockey
Tournament Waiver**

Participant's Name: _____
Age: _____
Street Address: _____
City/Town: _____
State: _____ Zip Code: _____
Emergency Contact Name #1: _____
Emergency Contact Phone Number #1: (_____) _____
Emergency Contact Name #2: _____
Emergency Contact Name #2: (_____) _____
Insurance Company: _____
Policy Number: _____

Elms College Field Hockey Tournament Consent and Emergency Care Statement:
I understand the dangers and risks of injury that can occur while my child participates in the activities that are part of the Elms College Field Hockey Tournament. Even though Elms College Tournament staff takes great care to design the tournament that minimizes the potential risks of injury, I fully know, understand, and appreciate the risks that are part of participating in this tournament, and I give my full consent to allow my child to participate in the Elms College Field Hockey Tournament. In case of emergency, I understand every attempt will be made to contact the parent(s)/guardian listed. If contact is unsuccessful, I give my permission to the Clinic Director to seek medical treatment for the participant, including (if necessary) hospitalization. Any expenses arising from an injury or illness is the responsibility of the person signing below.

Participants Signature: _____
Date: _____
Parent/Guardian Signature (If under 18): _____
Date: _____