



US Field Hockey Association Membership Application

Please Return with check or money order (no cash) payable to US Field Hockey, One Olympic Plaza, Colorado Springs, CO 80909

New Member Renewal

Social Security Male Female

Last Name First Name MI

Date of Birth U.S. Citizen Yes No

Address

City State Zip

Phone Work

Fax e-mail

WAIVER & RELEASE MUST BE SIGNED OR APPLICATION WILL BE RETURNED TO YOU
CODE OF CONDUCT MUST ALSO BE SIGNED WITH THIS APPLICATION

Waiver and release of Liability

Must be completed by ALL members
In consideration of being allowed to participate in any way in the United States Field Hockey Association programs, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which may result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death; and,
3. I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless the United States Field Hockey Association, its officers, officials, affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies advertisers, and , if applicable owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Participant's signature (even if under 18)

Date

For parents/guardians of participants under 18 at time of registration.

This is to certify that I, as parents/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

MEMBERSHIP OPTIONS	
ATHLETE	
<input type="checkbox"/> Youth (U14)	\$10
<input type="checkbox"/> U21 (age 14-21)	\$25
<input type="checkbox"/> Adult (21 & over)	\$35
PROFESSIONAL	
<input type="checkbox"/> Coach 1 YEAR	\$40
<input type="checkbox"/> Umpire 1 Year	\$40
OTHER	
<input type="checkbox"/> Patron	\$30
<input type="checkbox"/> Family (2 adults, 2 U21 or youth) Please include separate application for each member	\$70
<input type="checkbox"/> Life Member	\$500
Applicants must be 35 years old or older for life memberships	
<input type="checkbox"/> Donation to USFHA	
Total	