

2011 CRUSADER ATHLETIC ASSOCIATION
5 th ANNUAL Bubble Blast Field Hockey Tournament
Bishop Sullivan Catholic High School

TEAM NAME_____

AGE GROUP U14_____ U16_____ U19_____

PLAYER NAME _____ DOB_____

EXPLANATION OF INHERENT RISKS AND PARTICIPATION AGREEMENT
FOR INDOOR FIELD HOCKEY

1. Indoor Field Hockey is an exciting sport that often involves forceful contact with the floor, another player, a hard ball, or a stick. Because of these conditions inherent to the sport, participating in indoor field hockey exposes an athlete/coach to risks of injury.
2. We have read and understand the above risks concerning playing indoor field hockey. Also, I understand that it is the duty of each participant to exercise reasonable care for their own safety and that of other participants.
3. Under Virginia law, we agree to hold Crusader Athletic Association, Inc., Bishop Sullivan Catholic High School, its employees, representatives, coaches, officials, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with participation, practicing, travel, or involvement in any activities related to participation in the Crusader Athletic Association Indoor Field Hockey Tournament.
4. In signing this form, we assume the inherent risks of field hockey and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.
5. I / we consent to our daughter (or I as a coach consent) to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by coaches, officials, trainers, sponsor or its agents, and emergency medical personnel.

Date_____

Signature of Athlete:_____

Signature of Mother (or Legal Guardian):_____

or

Signature of Father (or Legal Guardian):_____

(If any parent or guardian is deceased, please indicate so on the appropriate line.)

Signature of Coach (if applicable) :_____