

# Second Annual Mihalko Field Hockey Showdown

At Utica College

May 23, 2010

## Individual Waiver

Player Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Age \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Current Grade \_\_\_\_\_

**Players 18 or older:** I certify that I am physically able to participate in all aspects of the Mihalko Field Hockey Showdown and that I will assume responsibility for all medical costs. Furthermore, I authorize the director and the athletic trainer to act for me according to their best judgment in any emergency requiring medical attention.

Player Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Players under 18:** I grant permission for my child to participate in all aspects of the Mihalko Field Hockey Showdown at Utica College. I certify that my child is physically able to participate and that I will assume responsibility for all medical costs. Furthermore, I authorize the director and the athletic trainer to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### All Players:

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_