



Colorado Indoor Tournament Injury Liability

Athletes Name: _____ Date of Birth: _____

Parents: _____

Address: _____

Parent email: _____

In case of emergency, please contact _____

Relationship _____ Phone: _____

USFHA Membership # _____

In case of emergency, I give Club Lewy Field Hockey permission to treat (me/my child). Please sign below.

Signature: _____ (If under 18, parent must sign.)

Parent or Guardian Permit

Warning: Although participation in supervised athletics and activities may be one of the least hazardous in which any student/athlete will engage in, **by its nature, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic.** Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.** By signing this Permission Form, we acknowledge that we have read and understood this warning. **Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.**

I hereby give my consent for my daughter/son to participate in the upcoming Club Lewy Colorado Indoor Tournament (CIT).

Parent or Guardian's Signature _____ Date _____

Athlete's Signature _____ Date _____