



Hilliard Lynx Middle School and High School Field Hockey Club  
Little Lynx Elementary Clinic

July 18 & 19 6:00-7:30 pm

\$30.00 (make check payable to Hilliard Lynx Boosters)

\*\*\*NO REFUNDS\*\*\*

\_\_\_\_\_Please initial here

Household Info: Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Player Info: Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

(Fall 2011)

Medical Conditions: \_\_\_\_\_

Please provide information on any medical conditions that the Hilliard Lynx Field Hockey Club should be aware of including food allergies, special needs, etc.

Doctor Name and Phone #: \_\_\_\_\_

Dentist Name and Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

RELEASE OF LIABILITY: (Read and Sign Below)

1. For One Dollar and other valuable consideration, I release the City of Hilliard, the Hilliard City Schools, and the Hilliard Optimist Club, its members and coaches of any liability arising out of the participation of my daughter whose name appears above.
2. The undersigned agrees to return all equipment issued by the Hilliard Lynx Field Hockey Club at a time and place designated by the coach. In the event the equipment is lost, damaged or not returned, the undersigned agrees to pay the Hilliard Lynx Field Hockey Club \$50 within ten days of the end of the 2010 Field Hockey Season.
3. The Hilliard Lynx Field Hockey Club will periodically take photographs of participants to promote our program via the website and other printed publications. By signing below you are giving the club permission to publish said photographs.
4. The undersigned understands that **refunds will not be given under any circumstances.**
5. My signature below acknowledges that I have read this document in its entirety, that I understand the terms outlined above, and that I agree to comply with all terms and rules established by the club.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_