

# UPRISE FH Club

2018 Little Risers Spring Clinic

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade 2017-2018: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## UPRISE Field Hockey Club LLC. Parent Consent and Waiver of Claims:

In consideration of the application being accepted, I, intend to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter acquire to me against UPRISE FH Club and Eastern HS and assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in, and/or arising out of my traveling to or returning from said tryout to participated in at Eastern HS. The tryout director has permission to seek medical attention for our child and I grant permission for a physician or other designated agent to provide medical treatment in the event of injury or sickness.

I, parent or guardian, do hereby agree to the above waiver and release.

Parent Health Insurance Company: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms and checks for \$140 payable to Danyle Heilig can be mailed to:

Danyle Heilig  
c/o UPRISE FH Club  
PO Box 122  
Moorestown, NJ 08057

Little Risers Clinic will be held every Friday, April 13 - May 18, 6-7:30pm.  
McAleer Stadium at Eastern High School.

All payments are non refundable.  
ONLY Cash accepted with walk up registrations!

QUESTIONS? Email [uprisefhc@gmail.com](mailto:uprisefhc@gmail.com)

All players are to bring a mouth-guard, shin guards, a field hockey stick, and a water bottle.