

2011 SUMMER FIELD HOCKEY CAMP



The camp will: improve the participant's overall knowledge of field hockey;
improve fitness and individual skills through learning various stick-ball
control, agility, and footwork drills.

Sign up today!!

Upper School Field Hockey Camp

(9th-12th Grades)

August 8th - 11th (Monday-Thursday 8:00am-9:30am)

Cost: \$120.00

Please return pages 2 and 3 with your payment

Please make all checks payable to "Amit Shah"

Mailing Address:

Amit Shah

3303 West Greenridge #20

Houston, TX 77057

New Location: The camp will be held at:

The Regis School

7330 Westview Drive

Houston, TX 77055

Please contact Amit if you any questions.

713-514-3182

Amit.shah@duchesne.org

2011 SUMMER FIELD HOCKEY CAMP

RELEASE OF LIABILITY AND WAIVERS:

In consideration of _____, being allowed to participate in the Field Hockey Camp the undersigned:

1. **Acknowledge** and fully understand that my daughter will be engaging in activities that may involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from her own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.
2. **Agree** in the event of an injury, the parents/guardian will assume responsibility for payment of all costs arising directly or indirectly from said injury, including reimbursement of any amounts, which may be paid by **AMIT SHAH** and/or **THE REGIS SCHOOL**.
3. **Assume** all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. **Release, waive, discharge and covenant** not to sue **AMIT SHAH** and/or **THE REGIS SCHOOL**, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event(s), all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage of property, caused in whole or in part by the negligence of the release or otherwise.
5. **Camp Fee: Acknowledge and agree** that if original camp dates are cancelled, due to inclement weather or for any reason, make up dates will be provided. Failure to appear at any of the dates (original camp dates or make up dates) by the child for any reason, no refunds will be given. In the event that original camp dates or make up dates are both cancelled due to inclement weather or for any reason, all checks will be destroyed and no payments will be due.
6. **Camp Refunds:** To be eligible for a full refund, you **Acknowledge and agree** that if your child withdraws from the camp, for any reason, you must notify **AMIT SHAH** before or on July 15th 2011- via electronic mail- that your daughter will be withdrawing. If at all for any reason, your daughter withdraws on or after July 15th 2011, refunds will be determined on case-by case basis.

THE UNDERSIGNED, HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY. THE UNDERSIGNED IS ALSO AWARE OF THE FACTS AND RULES OF COMPETITION, DOES ACCEPT ALL TERMS, AND IS WILLING TO COOPERATE WITH AMIT SHAH AND/OR THE REGIS SCHOOL.

Date: _____

Signature: _____

Print Name: _____

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PARENTS AUTHORIZATION FOR:

EMERGENCY MEDICAL INFORMATION:

In the event of an emergency, my daughter may be taken to a local hospital for emergency care. All efforts will be made to contact the parent/guardian or designated person before transport.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Email Contact: _____

Insurance Company: _____ Group Policy #: _____

Current Medications taken: _____

Medical Conditions or Allergies: _____

My daughter may receive the following from AMIT SHAH and/or the ATHLETIC TRAINER:

(Circle all that apply)

Tylenol

Advil

Aspirin

Motrin

Aleve

Name & Phone Number of person(s) to be called in case of an emergency. Please list by priority after parent/guardian, as I will try to contact the parent/guardian first.

1. _____ Relation: _____

Ph#: _____ Other: _____

2. _____ Relation: _____

Ph#: _____ Other: _____

3. _____ Relation: _____

Ph#: _____ Other: _____