

G-FORCE

Field Hockey

Presents

Fall Skills Clinic I

At

Parsippany High School

309 Baldwin Road
Parsippany, NJ 07054

**Beginners
Welcomed!**

**FALL
SKILLS
CLINIC I**

SUNDAYS

September 15, 22, 29; October 6, 13

9:00 AM – 11:00 AM

5 Sessions of Training for \$225; or \$50 per Individual Session

The Fall Clinic I, is for all players. Players are taught the fundamentals and advance skills of field hockey. Players are grouped according to ability/skill level. Coaches are experienced coaches from the G-FORCE elite coaching staff. The elite staff includes National player and Director of G-FORCE – Leroy Mayers; former International and elite DI college players; and elite Goalie Specialist Coaches.

Players must come equipped with sneakers, a mouth guard, shin guards and stick.

Registration must include the attached Waiver

Name _____ DOB _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Home _____ Cell _____ email _____
Emergency Contact _____ Emergency Contact # _____ Relationship _____
Level: Beginner ____ Intermediate ____ Advanced ____
Position: Forward ____ Midfield ____ Defense ____ GK ____ (Goalies please come equipped with full gear)
AGES: 5th Grade to High School Equipment Required: Sticks

MAKE CHECKS PAYABLE:
And Mail To:

G-FORCE
Attn: Fall Skills Clinic I
P.O. Box 153
Lake Hiawatha, NJ 07034

For further information contact: Leroy Mayers gforcefh@aol.com ; Phone: 201-486-2864



WAIVER AND RELEASE OF LIABILITY

In order to be allowed to participate in any way in any of **G-FORCE Field Hockey (GF)** program activities (i.e. Clinics, Camps, Leagues and Tryouts) or related events, you must agree to the terms and conditions below. The undersigned acknowledges, appreciates, and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation, including full responsibility for my conduct that may result in the physical damage of property associated with the Training including but not limited to vandalism, unauthorized use of equipment or property, or theft;
2. I acknowledge and fully understand that while I am a participant with G-FORCE, I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which may result not only from my own actions, inactions or negligence but the actions or negligence of others, the rules of play, or conditions of the premises or of any equipment used. Further, I accept personal responsibility for any damages following such injury whether such injury results in permanent disability or death. I knowingly and freely assume all such risks, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation;
3. I hereby consent to receive medical treatment from any medical personnel associated with the training which may be deemed necessary in the event of injury, accident or illness; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless G-FORCE Field Hockey or the owners and leasers of premises used to conduct the training, or more of them or their executors, administrators, heirs, next of kin, successors or assigns with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the Releasers or otherwise, to the fullest extent permitted by law.
5. *I hereby permit the free use of my name, image or otherwise in any broadcasts, telecasts, internet and press as they pertain to the Club.*

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE: _____

PARTICIPANT’S NAME

PARTICIPANT’S SIGNATURE

To be completed if Participant is under the age of 18 at the time of registration.

This is to certify that I, as parent/guardian with legal responsibility for the above named participant, do consent to his/her participation with G-FORCE Field Hockey and agree for myself, my heirs, assigns and next of kin to hold harmless the Releasers from any and all liabilities, incidents to my minor child’s involvement or participation as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Date: _____

Parent/Guardian Signature

