

# G-FORCE

## Field Hockey

Presents

**Fall Skills Clinic II**

At

**Parsippany High School**

309 Baldwin Road  
Parsippany, NJ 07054

**Beginners  
Welcomed!**

**FALL  
SKILLS  
CLINIC II**

**SUNDAYS**

**October 20, 27; November 10, 17.**

9:00 AM – 11:00 AM

**4 Sessions of Training for \$180; or \$50 per Individual Session**

The Fall Clinic II, is for all players. Players are taught the technical and tactical 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:** 5<sup>th</sup> Grade to High School      Equipment Required: Sticks

MAKE CHECKS PAYABLE:  
And Mail To:

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

**For further information contact:** Leroy Mayers [gforcefh@aol.com](mailto: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

