

2020 Indoor Winter Field Hockey League

Hudson Valley Sports Dome, Milton (www.hudsonvalleysportsdome.com)

When: **Thursdays**; Players will have one game per night.
Game times: 6 - 7PM (Grades 7-8)
7 - 8PM (Grades 11-12)

*** Again this year: we are going to **attempt** 3 divisions: Grades 7-8 (from 6-7PM); Grades 9-10 (games will vary: 6-7PM and 7-8PM); Grades 11-12 (7-8PM)
No guarantees: having 3 divisions will depend on numbers in each grade.

*** **No special requests to be on teams with friends.**

Session: **January 9 through February 27 (***THURSDAYS***)**
There are **NO MAKE-UPS** due to weather.

Players: Open to players in 7th-12th grade
Each team will consist of 10-12 players (goalies assigned to a field)

Coaches: A coach from each school **must** be available to coach a team, if you send **4 or more players**. If you have 12+ players, there **must** be 2 coaches from your program.

Cost: \$130/per player (includes pinnie for new players + 8 nights of field hockey)

We will again be offering an 8-week Winter League session at The Hudson Valley Sports Dome. Players will register as individuals and be placed on a team with players from other schools (there may be players from their HS team). If you are a goalie, please indicate if you are available for both game times. If there are not enough goalies, we will give the goalies an opportunity to play during both game times each night.

The lineup will be a 6 v 6 format (5 field players plus a goalie). When a goalie is unavailable, a 6th field player will be used. Indoor rules will apply for safe play.

Players: Checks should be made payable to your **high school coach**. Return registration form, Dome waiver and fee to HS coach by **November 1st**.

Coaches: Please make **ONE** check for all players in your program, payable to HV Section 9 Field Hockey and send to:

CJ Bull-Knuth, 420 Lake Shore Dr, Pine Bush NY 12566

Coaches: Payment and all forms are due to me by 11/22/19, to allow for shirt orders, forming teams and to give back unused space to the dome.

Coaches: Please call/text me if you have any questions at 914-755-4814.

Sincerely,
CJ Bull-Knuth, Pine Bush Field Hockey

PLAYER MEDICAL HISTORY RECORD/PERMISSION TO PARTICIPATE

Players: Return this form, the HV Sports Dome Waiver and a check made payable to your High School Coach for \$130, to your coach by **Friday, November 1st.**

PLAYER NAME: _____
_____ Date of birth: _____

School District: _____
_____ Current Grade: _____

Yrs Varsity: ____ # Yrs JV: ____ # Yrs Modified ____ # Yrs played winter league ____

Circle Pinnie size : S M L XL (they may come S/M L/XL)

***Position (Forward, Midfield, Defense, Goalie): _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____ Cell: _____

EMAIL: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Hospital of choice in emergency: _____

List any daily-prescribed medication: _____

Known Allergies: _____

Recent injuries, illnesses and/or physical restrictions (use back if necessary): _____

I hereby give my consent for my child to participate in all activities at the Hudson Valley Sports Dome's Indoor Field Hockey League. I verify that she is physically able to participate in all activities. If necessary, I allow my child to be transported to the hospital by ambulance, in the event of a serious injury. I understand that the advance registration fee is non-refundable.

Parent/Guardian Signature

Date

**RELEASE and WAIVER of LIABILITY for NEGLIGENCE EXECUTED on BEHALF
of a MINOR by MINOR'S PARENT or LEGAL GUARDIAN,
ASSUMPTION of RISK, INDEMNITY and SAVE HARMLESS AGREEMENT
("AGREEMENT")**

IN CONSIDERATION of _____ the minor being permitted to participate in
any way in the _____ activity, I the parent and natural guardian of said minor, or myself, or
personal representatives, assigns, heirs, and next of kin of said minor...

Minor's Name

Name of Sport

1. ACKNOWLEDGE, agree, and represent that I understand the nature of such activities and that I am of the opinion that said minor is qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe that such minor's health and physical condition should change so that it would be unsafe for such minor to continue to participate in such activity, I will immediately discontinue the minor's future or further participation in such activity.

2. I FULLY UNDERSTAND THAT: (a) such minor's participation in the aforesaid activities involve risk and danger of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks and dangers may be caused by said minor's actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of Hudson Valley Sportsdome, Inc. and Hudson Valley Domicile, LLC; (c) there may be other risks and social economic losses either known or not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs and damages such minor may incur as a result of the minor's participation in the activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE HUDSON VALLEY SPORTSDOME, INC. or Hudson Valley Domicile, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and owner and lessor of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on said minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees, or otherwise, including negligent rescue operations, and I further agree that if despite this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, I or anyone on behalf of said minor makes a claim against the Releasees, I as parent or natural guardian, will indemnify, save and hold harmless each of the Releasees, from any litigation expenses, attorneys' fees, losses, liability, damage or costs of which they may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF SAID MINOR BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE TO SAID MINOR, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PLEASE WRITE LEGIBLY !

Printed Name of Minor: _____

Printed Name of Parent/Guardian: _____

Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian's Email: _____

Phone: _____

Signature of Parent/Guardian _____

Date: _____

Team Name _____