

RETURN BY JUNE 1st!!
2010 OVYL CLINIC REGISTRATION FORM

NAME: _____

Return to: Tiffany Cappellano
18 Spring Ct.
Birdsboro, Pa 19508

GRADE (2010-11): _____

ADDRESS: _____

PHONE: _____

PARENT/GUARDIAN: (print) _____
(sign) _____

EMERGENCY CONTACT (person, relationship, phone):

MEDICAL NOTES: _____

2010 OLEY VALLEY YOUTH LEAGUE
FIELD HOCKEY CLINIC

PARTICIPANT'S NAME: _____

I, the undersigned parent/guardian, do hereby grant permission for my daughter, named above, to attend the clinic named above. In order that my daughter may receive the proper medical treatment in the event that she may sustain an injury or illness during the period of the above clinic, I hereby authorize the clinic staff to obtain or provide medical treatment for my daughter for such injury or illness during the clinic, if I or my emergency person cannot be contacted. I hereby hold the Oley Valley Youth League and the clinic staff harmless in the exercise of this authority.

I further understand that there is always the possibility that my daughter may sustain physical illness or injury at the clinic. If this occurs, I hereby authorize clinic staff to refer my daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my daughter for physical illness or injury that she may sustain during the clinic.

Understanding that there is always a possibility that my daughter may sustain physical illness or injury, I acknowledge and understand that my daughter is assuming the risk of such physical illness or injury by her participation, and I further release Oley Valley Youth League and its representatives and the Clinic Organizers and staff from any claims for personal illness or injury that my daughter may sustain during the clinic.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PHONE: _____