

Field Hockey Spring Skills Training

* Learn New Skills & Tactics * Improve Your Play *

CHOOSE FROM THREE CONVENIENT LOCATIONS

The Hun School *
Princeton, NJ

Toms River HS *
Toms River, NJ

The Peddie School
Hightstown, NJ

Coaching Staff from Spirit Eagles Field Hockey Group:

- **Bobby Issar** - Former U.S. National Team Player; current U.S. Women's National Team High Performance Coach
- **Plus Other Qualified Coaches**

The Hun School
Sunday Mornings
10 total training hours
\$250

4/1 11:00AM - 1:00PM
4/8 11:00AM - 1:00PM
4/15 10:30AM - 1:00PM
4/22 10:30AM - 1:00PM
4/29 10:30AM - 1:00PM

Tom River HS
Sunday Evenings
10 total training hours
\$250

4/22 3:00PM - 5:00PM
4/29 3:00PM - 5:00PM
5/6 3:00PM - 5:00PM
5/13 3:00PM - 5:00PM
5/20 3:00PM - 5:00PM

The Peddie School
Tuesday Evenings
10 total training hours
\$250

4/24 7:00 - 9:00 PM
5/1 7:00 - 9:00 PM
5/8 7:00 - 9:00 PM
5/15 7:00 - 9:00 PM
5/22 7:00 - 9:00 PM

Everyone will be required to have shin guards, mouth guards and an outdoor stick. All participants must be members of USFHA in order to participate. You can become a member by going to www.usfieldhockey.com. There are limited spaces available so please enroll early. Upon receiving your application, you will *only be notified if the sessions were closed out.* **NO REFUNDS**

DIRECTIONS: For directions to The Hun School in Princeton, NJ, Tom Rivers HS EAST, Toms River NJ and The Peddie School in Hightstown, NJ, please go to: www.spiriteagles.com

REGISTER ON-LINE AT WWW.SPIRITEAGLES.COM

NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____ USFHA # _____ EXPIRATION DATE: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

FIELD PLAYER: _____ GK: _____ CIRCLE SITE PREFERRED: HUN Toms River HS PEDDIE

SPRING SKILLS TRAINING: U14 U16 U19 PAYMENT OF \$ _____ ENCLOSED

Parent/Guardian Acknowledgment

I verify that my child has been checked by a licensed physician prior to attending the Spirit Eagles Field Hockey Programs and is physically able to participate. I allow the coordinators to act on my child's behalf and to obtain medical care if required. In addition, I understand and assume all risks resulting from the participation in this training session and will hold harmless Spirit Eagles Field Hockey Club, its employees, their trustees and officers of any liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever which may arise in connections with or resulting from participating in any of the Spirit Eagles Club program.

Parent/Guardian Signature _____

Date _____

Make checks payable to **Spirit Eagles Group (SEG)** and mail registration to:
Spirit Eagles Group
Attn: Spring Clinics
PO Box 126
Milltown, NJ 08850

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **Spirit Eagles Group, Inc. (SEG)** programs, related events and activities, the undersigned acknowledges, appreciates, and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
2. I acknowledge and fully understand that each participant will be ENGAGING IN ACTIVITIES THAT INVOLVE RISK OR SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, INACTIONS OR NEGLIGENCE BUT THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. Further, I accept personal responsibility for the damages following such injury, permanent disability or death; and,
3. *I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation; and,*
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless, the **Spirit Eagles Group, Inc. (SEG)**, its officers, officials, and affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases," with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases 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.

PARTICIPANT'S SIGNATURE (even if under 18)

PRINTED NAME

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(Under Age 18 at Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY PHONE #(S)

United States Field Hockey Association – Code of Conduct

Assumption: This code is based on the premise that participation in programs of the United States Field Hockey Association (USFHA) conducted at any site is a privilege. Participants are guests of the site and are obligated to abide by its rules. The National Governing Body (USFHA) is responsible to these sites to insure the proper conduct of participants in USFHA programs. The program leaders shall have the authority to take disciplinary action in case of violations of this code.

Conditions of Participation: All participants in this program, conducted by the USFHA at the host site, must agree to abide by this Code of Conduct. By signing this document you will be acknowledging that you have read it, understand it, and are willing to abide by the Code of Conduct.

Rules:

1. Those participants perpetuating the damage will pay for any physical damage to the facility.
2. There will be no possession or use of alcoholic beverages at the host site by anyone under the legal drinking age; or anyone if prohibited by the host site.
3. There will be no possession or use of any prescription drug or USOC banned substance unless participant is currently under physician's care and the medication is required for treatment of an illness or injury (documentation required).
4. Unacceptable behavior will not be tolerated, including but not limited to:
 - Any act considered to be an offense under federal, state, local and USOC laws and rules.
 - Vandalism, damaging of property, unauthorized use of equipment or property, or theft.
 - Unsportsmanlike conduct.
 - Inappropriate horseplay or other misbehavior which physically endangers any person or property.

Note: Persons present while any violation of the Code of Conduct occurs must leave the area immediately or be considered a participant by choice. Any person observing or having knowledge of an activity, which may result in serious bodily harm to a program participant, must immediately report such activity to a member of the staff.

Consequences: Violation of the Code of Conduct may result in:

1. Participant(s) responsible for property loss being liable to pay all replacement/repair costs.
2. Partial or full restriction of movement at the host site.
3. Expulsion from the program with participant being sent home at his/her own expense.
4. A written report submitted to the USFHA Executive Committee for further action.
5. Loss of opportunity to participate in future programs conducted under the auspices of the USFHA.

Process:

1. All Code violations shall be reported as soon as possible to the program's director.
2. Upon notification of a code violation, the director and appropriate staff members may hold a hearing with the participants involved.
3. The program director shall have the authority to enforce any of the above listed consequences, notifying the participant within at least 24 hours of the hearing.
4. A recommendation by the program director that the participant be restricted from future programs must be submitted in writing to the USFHA Executive Committee, which shall make the final decision.
5. The participant shall have the right to appeal a decision by the Executive Committee in accordance with the Bylaws of the USFHA.

ACKNOWLEDGEMENT

I agree to abide by the above Code of Conduct and its intent and I understand the possible consequences if it is violated.

Print Participants Name

Print Address

Print City, State Zip

Participant signature – regardless of age, must sign

Print Team Name

PARENTAL CONSENT

Participants under 18 years of age at the time this form is signed must have the portion completed by their parent or legal guardians.

This is to certify that I, _____
as parent/guardian of _____

do hereby give consent to the USFHA, and its assigned staff, for my child to be under their supervision for participation in this program.

I agree to be responsible for all costs for damage for which my child is responsible, and agree to pay all costs arising from disciplinary actions.

Print Name of Parent/Guardian

Signature of Parent/Guardian

PLEASE NOTE: Both Parent/Guardian and participant must sign this form in places indicated if the participant is under 18.