



SASKATCHEWAN FIELD HOCKEY MEMBERSHIP APPLICATION

SURNAME _____ FIRST NAME _____ INITIAL _____

STREET ADDRESS _____ CITY/TOWN _____

PROVINCE _____ POSTAL CODE _____ HOME PHONE _____ CELL PHONE _____

GENDER (M/F) _____ DATE OF BIRTH (MM/DD/YY) _____ SCHOOL ATTENDING _____

E-MAIL ADDRESS _____

YEARLY MEMBERSHIP (Please check one)

- Athlete (Youth, Junior & Senior) FEE: **\$40.00** Associate (Umpire/Coach/Other) FEE: **\$40.00**

PLAYERS FACILITY/LEAGUE FEE (Please check one or more)

- | | |
|---|--|
| <input type="checkbox"/> U14 PYG Indoor FEE: \$75.00 | <input type="checkbox"/> U14 PYG Outdoor FEE: \$75.00 |
| <input type="checkbox"/> U16 Outdoor FEE: \$150.00 | |
| <input type="checkbox"/> U19 Indoor FEE: \$150.00 | <input type="checkbox"/> U19 Outdoor FEE: \$150.00 |
| <input type="checkbox"/> High School League FEE: \$20.00 | <input type="checkbox"/> Fun-sticks FEE: \$20.00 |
| <input type="checkbox"/> Youth League FEE: \$40.00 | |

CATEGORY: (Please check all that apply)

- ATHLETE COACH MANAGER UMPIRE
 AFFILIATE

PLAYER/PARENT PARTICIPATION

Please consider volunteering for one of the following positions. Without volunteers Field Hockey will not be available to all that would like to play. **Coaches** of all traveling teams are given a per diem for their meal expenses. **Please note if there is an interest in coaching/ volunteering S.F.H.A will provide guidance and training to novice coaches or individuals in the sport of field hockey.**

Athlete

Coach or Assistant Coach Team Manager Parent Chaperone Special Events: One time volunteer positions i.e.: Registration Day, Driver for Tournaments, etc.

Parent

Coach or Assistant Coach Team Manager Parent Chaperone Special Events: One time volunteer positions i.e.: Registration Day, Driver for Tournaments, etc.

TURN PAGE

WAIVER, RELEASES & INDEMNITY – RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, PHOTO RELEASE AND INDEMNITY

I hereby agree, in return for becoming a member of Sask Field Hockey (S.F.H.A):

- **TO RELAESE THE S.F.H.A**, event organization bodies, sanctioning bodies and S.F.H.A sponsors and their respective directors, officers, employees, agents, contractors, representatives, successors or assigns (collectively the “Releases” from any liability for any loss, damage, injury or expense (collectively “Loss”) that I may suffer as a result of my participation in any S.F.H.A program, due to any cause. Including negligence or breach of contract;;
- **TO WAIVE ANY CLAIM** that I may have or may have against any or all of the “Releases” regarding any matter, including without limitation, any claim arising out of any S.F.H.A program;
- **TO INDEMNIFY THE RELEASEES** from any and all claims, actions or Loss resulting in any way from my participation or my child’s participation in S.F.H.A programs;
- **THIS DOCUMENT SHALL** bind my heirs, executors, administrators, assigns, and representatives and will have effect throughout my membership in the S.F.H.A and, to the extent reasonably necessary to give it effect, thereafter;
- **THAT I** am (or my child) is physically fit to participate in any S.F.H.A programs; I am a legal guardian or custodial parent of the child name below.
- **THAT the S.F.H.A** is authorized to take photos of my child or me as its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that S.F.H.A may use and disclose the information on this form to enable S.F.H.A to provide membership benefits to all S.F.H.A members.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity and further agree to conduct myself in accordance with the ‘**CODE OF CONDUCT**’ at S.F.H.A Sanctioned Events, included with this form.

Signature

Date

Signature of Parent/Legal Guardian – If Participant is Under 18 years of age

PRINT name and Relationship of Child Participating

Witness that all the correct information has been obtained (Technical Director or Team Head Coach)

METHOD OF PAYMENT

Payment Enclosed: Payable to Saskatchewan Field Hockey Association (S.F.H.A)

Cheque Cash Money Order Amount: \$_____ Take from Bingo Credit: \$_____

OFFICE USE ONLY
Individual or Individuals have been updated in the membership database <input type="checkbox"/>
Written receipt for cash Amt. given <input type="checkbox"/>
Code of Conduct signed <input type="checkbox"/>
Medical Information signed <input type="checkbox"/>
Membership is good for the fiscal year of April 01, 2010 to March 31, 2011 <input type="checkbox"/>