

**Summer Indoor League Registration Form**  
**NOVA Elite Field Hockey Club**  
**and**  
**Total Sports Pavilion**

Player name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

League:     High School         Middle School        Grade as of SY 2011/12: \_\_\_\_\_

If registering with Team, team name: \_\_\_\_\_

If registering as Individual

Emergency Contact: \_\_\_\_\_  
(please print contact person's name)

Emergency Phone #: (    ) \_\_\_\_\_

Cost: \$60.00 if registering with a team  
Cost: \$70.00 if registering as individual

Make checks payable to **NOVA Elite** and send to:  
P.O. Box 3237  
Stafford, VA 22555

# Waiver

## NOVA Elite Field Hockey Club Waiver /Release Participation Form

In signing this waiver form below, we ( I ) release NOVA Elite, Total Sports Pavilion, and other involved parties from any claims or responsibility for injuries suffered while participating in field hockey practices, games, clinics, camps, leagues, and/ or tournaments. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in sports. Further, I authorize the site director to request medical treatment as necessary to insure my child's safety and I will be financially responsible for such care. Also by signing below, we ( I ) take all responsibility for knowing and abiding by the rules of the Total Sports Pavilion.

Mouth guards and shin guards are required at all times while participating . Failure to comply will result in dismissal from the game. The player may resume play when compliance has been met.

We ( I ) also give permission for NOVA Elite Field Hockey Club and Total Sports Pavilion to use any videos and/or photographs of the participant for publicity, advertising or promotional purposes.

Name of Participant: \_\_\_\_\_  
(please print neatly)

Phone: \_\_\_\_\_ Date of birth \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of parent / legal guardian: \_\_\_\_\_

Signature of participating athlete: \_\_\_\_\_

Date: \_\_\_\_\_