

## *X-Calibur Waiver*



We (or I) hereby request your acceptance of this WAIVER/RELEASE REGISTRATION for participation in X-Calibur Field Hockey activities including practices, games, tournaments and try-outs. In consideration of your acceptance of this waiver/release, we (or I) hereby release all persons associated with X-Calibur Field Hockey from all claims and causes of action, arising from injury to the participant, whether such injury is the result of negligence or any other causes. If medical attention is required for the illness while participating in any X-Calibur Field Hockey activity, we (or I) give permission for such medical care and we (or I) will be financially responsible.

Participants Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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

Coaching Coordinator  
Director of Operations  
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[www.xcaliburfieldhockey.com](http://www.xcaliburfieldhockey.com)