

# 4Goals Coaching Clinic Texas

June 4-6, 2010

## APPLICATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
School

- Head Coach
- Assistant Coach
- Other \_\_\_\_\_

Number of Years Coaching Field Hockey \_\_\_\_\_

Alma Mater \_\_\_\_\_

Played Collegiate Field Hockey

- Yes
- No

Please mail application to:

**4Goals  
Marcia Pankratz  
PO Box 49  
East Haddam Ct 06423**

Or scan completed application and email to:

**dbrickey@4Goals.net**

## Waiver and Insurance Information

All participants must have their own medical coverage. Participants will not be allowed to attend unless the following information is submitted and the form is signed by participant.

\_\_\_\_\_  
Participant's Insurance Company

\_\_\_\_\_  
Insurance Company Address and Phone Number

\_\_\_\_\_  
Policy Number

I, the undersigned, hereby give permission for the staff of the Clinic to seek appropriate medical attention for the participant during the period of the Clinic and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I am of good health and have no physical or other impediment which would endanger me from participating in the clinic.

I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the School, 4Goals, its officers, agents, and employees ("releases"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the clinic, and I further agree to indemnify and hold harmless the School, 4Goals, its officers, agents, and employees from liability claim or action for damages which in anyway arise out of my participation in this clinic, even though that liability may arise out of negligence of carelessness on the part of releases.

I further understand that accidents may occur during the clinic and that participants in this clinic may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the School, 4Goals, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of or related to my participation in this clinic.

Signature \_\_\_\_\_

Date \_\_\_\_\_