

**Memorial Field Hockey**  
**Registration Checklist 2018**

\_\_\_\_\_ **Forms completed**

- \_\_\_\_\_ (1) Player Information
- \_\_\_\_\_ (2) Acknowledgement Form
- \_\_\_\_\_ (3) Code of Conduct
- \_\_\_\_\_ (4) Consent to Treatment
- \_\_\_\_\_ (5) Photocopy of Insurance ID Card
- \_\_\_\_\_ (6) Commitment Letter
- \_\_\_\_\_ (7) Physical Evaluation
- \_\_\_\_\_ (8) Waiver and Release of Responsibility

\_\_\_\_\_ **Dues paid**

- \_\_\_\_\_ \$500 Payable to Memorial Field Hockey

\_\_\_\_\_ **Forms & Dues mailed or dropped off at:**

Nicole Jamison  
6 Norvell Ct  
Houston, TX 77024

**All forms and dues must be completed and received by May 25, 2018.**



**MEMORIAL FIELD HOCKEY  
PLAYER INFORMATION  
2018**

(PLEASE MAKE SURE THIS IS CLEARLY READABLE, ESPECIALLY CELL PHONE AND EMAIL ADDRESS)

**Player Information**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ (to include text messages)

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

**Grade entering Fall 2018:** \_\_\_\_\_

**Primary Parent Information**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ (to include text messages)

**Home Phone:** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_

**Emergency Contact Information (can be other parent)**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ (to include text messages)

**Home Phone:** \_\_\_\_\_

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

We will be using TeamStuff (<https://teamstuff.com>) for team management and communications.

## Parent/Guardian Acknowledgement Form

Spring Branch Independent School District is committed to protecting the privacy and safety of all students. There are times when the MHS Booster Club feels it is appropriate to recognize students and their work in a public forum. Examples of such recognition include photos for the Mustang Express, and inviting local media to report on special school events. In order for your student to be included in these types of recognition, we need your permission to disclose your student's photograph and name. MHS Booster Club endeavors to take every precaution to ensure that such disclosure is limited to appropriate school-related events.

I, \_\_\_\_\_ give the Memorial High Booster Club my permission to disclose my child's name and photograph.

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Name of Student (please print)

Sport

Grade

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Date

## **Memorial Field Hockey Player and Parent Code of Conduct 2018**

All players taking part in Memorial Field Hockey and their parents must understand the following responsibilities and rules and acknowledge that the coach(es) shall have every right to remove players for improper behavior.

1. The MHS Field Hockey athletes will:

- Not argue or protest a play or call made by an official.
- Not commit un-sportsmanlike behavior during a practice or game.
- Not use inappropriate language in practice or games.
- Not consume alcohol, tobacco or illegal drugs.
- Not engage in behavior that is deemed to be detrimental to the team.
- Not argue with coaching decisions during practice/games.
- Not give "coaching advice" to the coach before or during any game.
- Not converse with friends/family during games and practice.
- Not bring "social issues" to practice and games.
- Not use cell phones during practice and games.
- 

2. The MHS Field Hockey athletes will:

- Take a positive attitude toward coaches, teammates, and opponents at practices and games.
- Understand that winning and losing are part of the game and must conduct themselves as good losers as well as gracious winners.
- Give their undivided attention when the coach is communicating individually or as a group.
- Give 100% effort at practices and games.
- Conduct themselves at all practices and games in a manner that reflects the standards set forth in the Memorial Senior High School Code of Conduct.
- HAVE FUN!

3. The MHS Field Hockey athlete must be on time for all practices, meetings, and games. Any absence should be reported to the coach before the game or practice, with at least 2 hours notice for practices and 24 hours for games, if possible.

Please DO NOT make appointments during practice or game times. Repeat unexcused absences or tardiness may result in reduced playing time, suspension/dismissal from the team, at the discretion of the coach.

Players who are contagious should remain at home and notify the coach. Injured players should attend practices and games unless otherwise excused. (Long term illness or injury is excluded.)

Players MUST communicate with the coach! If issues arise with school, conflicts, extracurriculars, etc., PLEASE e-mail/talk/text with the coach, so compromise/resolutions can be reached without detrimental impact to team.

4. The Spring Branch ISD Code of Conduct will be in effect for all athletes.

(<http://www.springbranchisd.com/campusMenus/backtoschool/codeconductSEC.pdf>)

5. Parents will not argue or protest a play or call by an official. They shall not criticize any player, coach or official at practices or games. Further, they are expected to maintain the same levels of sportsmanship as the athletes.

6. If a parent has a concern, he/she will respectfully address the issue with the coach at a scheduled time. Parents will not be permitted to disrupt practice and/or games.

We have read and fully understand and endorse the above.

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Player Signature

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Date

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Parent Signature

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Date

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Parent Signature

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Date

**Memorial Field Hockey**  
**Authorization To Consent To Treatment Of A Minor**

**PLAYER NAME:** \_\_\_\_\_  
(print) Last / First / Middle

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
mo/dd/yr

Father's name: \_\_\_\_\_ Father (work/cell): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother (work/cell): \_\_\_\_\_

**List another person to be notified in case of emergency if parents are not available:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

**Special Medical Conditions to be noted (i.e. Allergies, Medications, Disorders):** \_\_\_\_\_  
\_\_\_\_\_

(I/We), the undersigned, parent(s) do hereby authorize Mike Baker or anyone else associated with Memorial Field Hockey to act as designee for the above named minor to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is prescribed by, and is to be rendered under the special supervision of, any licensed physician/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician/or surgeon or at a hospital or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered and is given to provide authority and power on the part of our aforesaid designee to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician/surgeon may, for reasons he/she deems appropriate, prescribe.

(I)(We), hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to (my)(our) named designee(s) upon completion of treatment. This authorization is given for designee(s) for those times that (I)(We) cannot be reached by telephone at home, cell or work at the numbers listed.

This authorization is not to be construed as releasing any physician or surgeon from any requirement that he or she adhere to the lawful standard of care in attending to the named minor and is not to be construed as creating any financial responsibility on the part of the Spring Branch Independent School District or the named officials thereof for any health care provided the named minor.

**PARENTS ARE RESPONSIBLE FOR PAYMENT.**

This authorization shall become effective as of August 7, 2018 and remain effective until December 15, 2018.

\_\_\_\_\_  
**Parent or legal guardian (Name printed) Parent or legal guardian (signature)**

**Insurance Information**

Insurance information is required.

**Please provide a photocopy of your insurance I.D. Card.**

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Name on Policy:** \_\_\_\_\_

My daughter \_\_\_\_\_ has been examined by her physician after April 1, 2018 on \_\_\_\_\_,

and is deemed in good physical health to participate in Memorial Field Hockey team practices and competitive games.

If she is injured and needs immediate medical attention, I prefer that she be taken to:

\_\_\_\_\_ Hospital Emergency Room.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Photocopy of Insurance ID Card



**MEMORIAL FIELD HOCKEY  
COMMITMENT LETTER  
2018**

I, player's name \_\_\_\_\_, hereby accept a position on the Memorial Field Hockey (MFH) team for the 2018 season.

We, the undersigned player and parents/legal guardians of the said player, by executing this Letter of Commitment, agree to the following terms and conditions of this commitment:

1. We agree to remain with the program for the duration of the 2018 field hockey season. If we decide to leave, we are still obligated to pay for the full season.
2. We understand that MFH reserves the right to add players zoned to the Memorial High School area as it deems appropriate.
3. We understand and agree that commitment is made to MFH and not a specific coach. MFH will make every effort to provide qualified coaches with the appropriate certifications.
4. We agree to pay in a timely manner the full season financial obligation, as set forth by MFH. We understand and agree that there are no refunds and that the fees for the entire season are due and payable no later than May 25, 2018.
5. We agree to return our uniform to the team manager upon completion of play with MFH.

\_\_\_\_\_  
Player's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**\*Submit signed commitments and make checks payable to:  
Memorial Field Hockey**



# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 In case of emergency, contact:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			<i>Females Only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* **Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

## MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

## CLEARANCE

- ☐ Cleared
- ☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

**MEMORIAL FIELD HOCKEY  
WAIVER AND RELEASE OF RESPONSIBILITY - 2018**

In consideration of being allowed to participate in any way in the Memorial Field Hockey team program, related events, and activities, the undersigned acknowledges, appreciates, and willingly agrees that:

1. I will willingly 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.
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 may 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.
3. I hereby authorize and give my full consent to the Memorial Field Hockey to copyright and/or publish any and all photographs, videotapes, and/or film in which I appear while attending any Memorial Field Hockey team event.
4. 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.
5. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, and agree to hold harmless, Memorial Field Hockey, Spring Branch ISD, Memorial High School, US Field Hockey Association, its officers, officials, affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I will indemnify, save, and hold harmless above named releasees of, from, and against any loss, cost, expense, damage, or liability that such releasees may incur as a result of, arising from, or in connection with such claim, including without limitation any attorney's fees, or other costs or expenses of litigation.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

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Printed Name of Player

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Date of Birth

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Player's Signature (including minors)

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Date

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in the Memorial Field Hockey program, even if arising from their negligence, to the fullest extent permitted by law.

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Printed Parent/Guardian Name

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Parent/Guardian Signature (required if Participant is under 18)

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Date

**A signed waiver is required to participate in any Memorial Field Hockey event.**