



Georgia Field Hockey Association



Membership Application Form 2009

New Member: _____ Renewal: _____ Reinstatement: _____

Annual Membership Fee: \$20 (due at beginning of year)

Name: _____
(Block Letters)

Gender: M _____ F _____

Address: _____

Birthday: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

USFHA Member #: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

U.S. Citizen: Yes _____ No _____

Hockey Experience: _____

Other Interests: _____

Signature: _____

Date: _____

Parent's Signature: _____
(if applicant is under 18)

Date: _____

Accepted by: _____

Date: _____

Waiver and Release of Liability – In consideration of the Georgia Field Hockey Association (“GFHA”) accepting my application for membership, I hereby agree to waive my right to bring any action for personal injury, including permanent disability and death or property damage against the GFHA, its officers, members and officials, arising out of my participation in activities sanctioned by it. I further agree to indemnify and hold harmless the GFHA, its officers, members, officials and, if applicable, owners and lessors of premises used to conduct GFHA events against any and all suits, liabilities, claims, demands, fines and actions of any kind or any nature arising out of my activities and participation in activities sponsored by the GFHA.