



STAFF STATEMENT OF AGREEMENT

I, _____ have read the staff manual and understand the R.E.A.L. Field Hockey, Inc. Code of Ethics and agree to the rules discussed in it. I agree to follow these rules and perform them to the best of my abilities as an independent contractor with R.E.A.L. Field Hockey, Inc. Any questions or problems I have will be directed to the Camp Director.

***To obtain compensation or volunteer hours (not accepted by LSRHS)
ALL FORMS must be completed & received before camp
to complete government required CORI checks in time for camp.***

Name: _____

Address: _____

Email: _____

Telephone: _____ Cell Phone: _____

Please check each:

I have completed a CORI REQUEST form and included a copy of a government issued ID.

I have completed the staff information and health and release forms.

I have provided a current physical and immunization information.

It is required by the State of Massachusetts Board of Health that each participant provide their most recent physical & immunizations dated within the past year. If you do not have these forms you will not be allowed to participate. Please send a copy.

I have signed the photography release form.

I have provided 3 references with contact information:

Reference #1 Name: _____

Address: _____

Phone #: _____

Reference #2 Name: _____

Address: _____

Phone #: _____

Reference #3 Name: _____

Address: _____

Phone #: _____

***Please mail all forms to:
R.E.A.L. Field Hockey, Inc.
17 Elmwood Street
Maynard, MA 01754***

Staff/Health and Release Information

Please Circle: Staff or Volunteer

Name: _____

Name of Emergency Contact: _____ Relationship: _____

Telephone of Emergency Contact: _____

Cell Phone of Emergency Contact: _____

Physician: _____

Address: _____

Telephone: _____

Family Dentist: _____

Address: _____

Telephone: _____

T shirt size: Please Circle Adult size: XS S M L XL

Health and Release Form

Health and General History:

It is required by the State of Massachusetts Board of Health that each participant provide their most recent physical & immunizations dated within the past year. If you do not have these forms you will not be allowed to participate. **Please send a copy.**

If there are restrictions from any activities, please note:

If taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Immunizations: **Please send a copy.**

Allergies: (yes/no)

Drug Reactions: (yes/no)

Insurance Information Carrier Name: _____

Policy#: _____

Policy Holder Name: _____

Policy Holder relationship to staff: _____

I, _____ or the parent/guardian of _____, give permission for me or my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the named emergency contact before taking action. I hereby waive, release, indemnify and hold harmless R.E.A.L. Field Hockey, Inc., staff, camp management, agents and sponsors from any liability for any damages, accidents, injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO ME OR MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp. By signing below, I certify that all information on this form is accurate.

Sign if atleast 18 years old

Date: _____

Parent/Guardian signature if staff member is under 18 yrs. old

Print name: _____

Date: _____



REL FH
172G \$

CHAPTER 6, §172G CORI REQUEST FORM

R.E.A.L Field Hockey, Inc. is requesting all available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to CHAPTER 6, §172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME
(Requested & not required)

CURRENT AND FORMER ADDRESSEES:

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: SIGNATURE OF CORI AUTHORIZED EMPLOYEE (Camp Director)



Photography Release Form

This letter confirms the agreement between you and R.E.A.L. Field Hockey, Inc. regarding your participation in approved activities in which you may be photographed or videotaped from time to time. For valuable consideration received, you hereby irrevocably grant to R.E.A.L. Field Hockey, Inc. perpetually, exclusively, and for all media throughout the world (including print, nontheatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of R.E.A.L. Field Hockey, Inc. You hereby agree that you will not bring or consent to others bringing claim or action against R.E.A.L. Field Hockey, Inc. on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release R.E.A.L. Field Hockey, Inc., its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against R.E.A.L. Field Hockey, Inc. This agreement shall not obligate R.E.A.L. Field Hockey, Inc. to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. R.E.A.L. Field Hockey, Inc. shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation. I understand that these pictures will be accessible to anyone with Internet access and may be used in instructional settings, however, no names of subjects will be published.

AGREED TO AND ACCEPTED this DATE: _____

Participant's Name Please Print

Participant's Signature or
Signature of Parent or Guardian if participant is under 18 years old

Mail to:
R.E.A.L. Field Hockey, Inc.
17 Elmwood Street
Maynard, MA 01754