



# MVSC FIELD HOCKEY Birthday Party

## BIRTHDAY PACKAGE - \$160.00

Length of Party – 90 Minutes

**All players must have waiver signed at party**

### MVSC will supply the following:

- ✓ 1 Hour of field time with Mockingbird Staff
- ✓ Party room rental for ½ hour
- ✓ On field coaching and refereeing for up to 24 players
- ✓ 24 Party Invitations

Requested Coaches: \_\_\_\_\_

Requested Games: \_\_\_\_\_

### Additional Instructions/Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For additional information, please contact Christian at 896-2412 ext. 104 or email [clauria@mockingbirdsoccer.net](mailto:clauria@mockingbirdsoccer.net)

### Payment Options - Please Check the Option by Which You are Paying:

*\$50.00 deposit required with registration, balance (\$110) due day of party*

Cash                       Check                       Credit Card

Please Check:               Visa                       Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name On the Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

By signing above you are authorizing Mockingbird Valley Soccer Club to charge your credit card for the amount listed above. All credit card information is maintained in strict confidence and is used only for the payment of the Birthday Party Fee upon your signature and approval.

### Parent / Guardian Agreement—Please read carefully and sign below

In consideration of registering my child (referred to as "Participant") for the Youth Field Hockey Birthdays at Mockingbird Valley Soccer Club (MVSC), I certify that Participant is of normal health and in proper physical condition to participate in the Youth Field Hockey Birthday and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in indoor field hockey (both practice and competition); that indoor field hockey is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the Youth Field Hockey Birthdays.

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation on in the Youth Birthday Program at MVSC. In the event that I cannot be reached in an emergency, I hereby give permission to the MVSC staff to secure emergency medical services including transportation on and physician.

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