Registration Form

Portion to be returned with full payment by June 1, 2008

Players Name:

Date of Birth:

Address:

City: **State:** **zip:**

Grade entering for 2008-2009 school year:

5 6 7 8 9
Circle one

Parent/Guardian Name:

Home Phone:

Alternate Number(cell or business phone):

Emergency Contact if parent cannot be reached:

Name:

Address:

Phone:

Amt paid:

*I certify that the above applicant is emotionally ready, in good health, and is given my permission to participate in this program. I certify that my child has no aliments or disabilities that would prevent my child from participating in this field hockey camp. I hereby agree to hold harmless the employees from any and all claims for injury or illness incurred by my child participating in this program. In case of emergency, I grant to have my child given medical and emergency treatment at a local hospital. I also grant permission for any photographs taken of my child in the program to be used for future promotional use.

Signature:

Date: