INSTRUCTIONAL/DEVELOPMENTAL FH REGISTRATION FORM-2009

Registering for: _____ SESSION ONE, SEPT 10, 14, 17, 21, 24, 28 Paid: Cash Check No _____
_____ SESSION TWO—OCT 5, 8, 15, 19, 22, 26 Paid: Cash Check No _____

PRINT ALL INFO

Player Name_____ Birth Date____-_____-____

Address_____ City _____ Zip_____

School Attending _____ Grade _____

Mother's Name _____ Home Phone _____

*Email Address _____

Father's Name _____ Home Phone _____

*Email Address _____ ***AT LEAST ONE IS REQUIRED**

*Emergency Contact Number/ Relationship _____

_____

Please list any medical conditions that may be necessary to be aware of_____

Note: The Statement should be signed by parent/guardian for minor player: an adult player for himself/herself. Coach

for himself/herself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the WVSD. Recognizing the possibility of physical injury associated with Field Hockey(FH) and in consideration for the WVSD accepting the registrant for its FH programs and activities (the PROGRAMS"). I hereby release, discharge and/or otherwise indemnify the WVSD, their employees and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

_____ _____

Parent/Guardian Signature Date

This form and the non-refundable payment of $60 (Cash or check payable to **Wyoming Valley Sports Dome**) must be submitted before participation is permitted.