

MAIL IN REGISTRATION FORM - (print clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ PLAYERS EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____

POSITION: _____ GRADE IN SCHOOL IN SEPT 07: _____

HS GRADUATION DATE (year) _____

** PARENTS E-MAIL : _____

** USFHA MEMBERSHIP # _____ (must be a member of USFHA to tryout- membership form available at www.usfieldhockey.com)

Parent/ Guardian Acknowledgement

I verify that my child has been checked by a licensed physician prior to attending the New Heights Field Hockey Programs and is physically able to participate. I allow the coordinators to act on my child's behalf and to obtain medical care if required. In addition, I understand and assume all risks resulting from the participation in this training session and will hold harmless New Heights Field Hockey Club, its employees, their trustees and officers of any liability, actions, causes of actions, claims and demands of every kind and nature whatsoever which may arise in connections with or resulting from participating in any of the New Heights Club programs.

Parent/ Guardian Signature _____ Date _____

Emergency Phone Numbers: _____

Insurance Carrier & Policy # _____