

YMCA ~ Live for Field Hockey

FITT Camp - August 2009

Registration Form

(Please print or type.)

Player: _____ Age: _____

Home Phone _____ Date of birth: ____/____/____

Home Address: _____

Town: _____ State: _____ ZIP: _____

Individual Player: \$45.00;

Team of 7: \$245.00, or

Extended Team (up to 10) \$35.00 each additional player.

Permission and Waiver

I hereby give (player _____) permission to participate in the YMCA ~ Live for Field Hockey Camp, starting Tuesday, August 11, 2009 at (site TBA) between the hours of 6:00-7:30 PM. I authorize the administrators and organizers to act for my child/participant in any emergency requiring medical attention, and I assume responsibility for payment for such attention. In signing this release from liability I waive and release everyone connected with YMCA ~ Live for Field Hockey Camp from any and all liability which may arise.

Signature of Parent/Guardian: _____ Date: _____

Medical

Player medical needs: _____

In case of **emergency**, Parent/Guardian Cell: _____

Phone:(home) _____ (work) _____

Home Address: _____

Town: _____ State: _____ ZIP: _____

In the event of a medical emergency and I cannot be contacted, administrators, organizers, and/or coaches are hereby authorized to take whatever action is deemed necessary, in their judgment, to secure medical attention for my child. I will not hold the administrators, organizers, and/or coaches financially responsible for the emergency care for the named child.

Signature of Parent/Guardian: _____

Date: _____

Insurance

Insurance provider: _____

Insurance policy #: _____

Subscriber name: _____

Registration Procedure

1. Complete the Preliminary Information Form as an Individual Player, Team of 7, or Extended Team (up to 10). **This form must be received by mail or fax before Sunday, June 28. Deadline is final.**
2. Complete a signed Registration Form (Permission and Waiver, Medical, and Insurance) for each player.
3. Make out checks to *Profile Field Hockey*. Checks are non-refundable after July 26.
4. **Registration forms and fees must be received by mail before Sunday, July 26. Deadline is final.**

Mail forms and checks to:
Richard M. Simmons
164 Rocks Edge Road
Bethlehem, NH 03574

Questions?
Email: RMSNH@hotmail.com
H: 603-444-5247
W: 603-444-5601 x 267
Fax Littleton High School: 603-444-3009