

**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 FITT Camp, starting Tuesday, August 10, 2010 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 FITT 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 Saturday, July 31. Deadline is final.**
2. Complete a signed Registration Form (Permission and Waiver, Medical, and Insurance) for each player.
3. Make out checks to *Field Hockey 360*. Checks are non-refundable after July 31.
4. **Registration forms and fees must be received by mail before Saturday, July 31. Deadline is final.**

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

Fax at Littleton High School: 603-444-3009

Questions?

Email: [RMSN@hotmail.com](mailto:RMSN@hotmail.com)

H: 603-444-5247

W: 603-444-5601 x 267