

Field Hockey Club of Northern Allegheny

REGISTRATION FORM

Team Pittsburgh Disney ESPN Rise Games
7 v 7 Field Hockey

CONTACT INFORMATION

PARTICIPANT'S NAME: _____

DOB _____ Team Level U _____ SCHOOL _____

PARENT'S/GUARDIAN'S NAMES:

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ PARENT'S CELL PHONE _____

PARENT'S E-MAIL ADDRESS: _____

Need Team Pittsburgh Uniform? Yes () No ()

If 'NO' what jersey number do you have? _____

If 'YES' please answer the following Questions:

What Size Jersey? S M L XL

What Size Kilt? S M L XL

Select two numbers for jersey: 1st choice _____ 2nd choice _____

Are you a goal keeper? Yes () No ()

Need Team Pittsburgh Uniform? Yes () No ()

If 'YES' please answer the following Question:

Select two numbers for jersey: 1st choice _____ 2nd choice _____

Field Hockey Club of Northern Allegheny

MEDICAL INFORMATION, AUTHORIZATION FOR MEDICAL TREATMENT AND LIABILITY RELEASE FORM

We (I) hereby request your acceptance of this MEDICAL INFORMATION, AUTHORIZATION FOR TREATMENT AND LIABILITY RELEASE FORM for the Spring Field Hockey clinics and demonstrations, Spring Field Hockey practices and games, and/or Spring Field Hockey instructional sessions and games.

We (I) hereby release all persons associated with this activities from all claims and causes of actions arising from injury or illness to the participant in these activities, whether such injury or illness is the result of negligence or any other cause, except to the extent covered by liability and medical payments insurance coverage.

If emergency medical attention is required for injury or illness while participating in any Spring Field Hockey event, we (I) authorize the coaches and staff to act according to their best judgment, agree to absolve them from any liability arising from the emergency decision and agree to be financially responsible for such medical treatment.

In order to participate in any of these activities, all players are required to wear a mouth guard and shin guards while on the field. Failure to comply will result in dismissal of player from the event, it is the player sole responsibility to wear at all times the mouth and shin guards, injury resulting of this negligence will be the player's sole responsibility.

Participant's Name: _____ Age _____
(Please Print)

Are you currently under a physician's care for any medical condition ?

Yes () No ()

If the answer is 'yes' please explain:

Have you had any injuries ? Yes () No ()

If the answer is 'yes' please explain:

Do you currently wear contacts ? Yes () No ()

Have any Allergies ? Yes () No ()

If the answer is 'yes' please list all allergies:

Are you taking any medication ? Yes () No ()

If the answer is 'yes' please explain:

Have you ever passed out during and/or after exercise ? Yes () No ()

If the answer is 'yes' please tell us when, why, where and if you consulted a Doctor for this reason.

Have you ever had blackout, seizure or concussion ? Yes () No ()

If the answer is 'yes' please tell us if you are authorize by your physician to participate in physical activity, and if so we need proof of the medical authorization annexed to this registration form)

Home Phone: _____ Emergency/Cell Phone: _____

Field Hockey Club of Northern Allegheny

Health Insurance Company: _____
Doctor's Name: _____

Policy # _____
Doctor's Phone: _____

PARTICIPATION FEES

FEE: \$400.00 USCY per Participant

See Team Pittsburgh Try-out information for what fee includes.

A \$100 space security fee is required to try-out. This will be applied to the player participation fee once accepted as Team Pittsburgh Team member.

May 31, 2010: Remainder \$300 fee payment

*****No Refunds will be given*****

Please note that there is a non-refundable \$25.00 processing fee.

Outdoor stick, mouth guards, & shin guards are required for participation.

FHCNA now accepts all major credit cards. Just return the completed registration form and indicate that you wish to pay by credit card. Prior to try-outs at the site, we will swipe your card. Be sure the signer of the card is present to complete the transaction.

Player Fee: \$400.00

Try-Out Space Security Fee \$ 100.00
Pay by Check: Amount Enclosed: \$ _____

---OR---

_____ **I wish to pay by credit card (please check)**

All Registration information must be received prior to try-out date.

Make check payable to: **FHCNA (Field Hockey Club of Northern Allegheny)**

Send all forms and/or checks to:
FHCNA
Attn: Disney ESPN Rise Games
545 Celeron St.
Pittsburgh, PA 15221

We (I) read all terms and conditions, and by signing this form and paying my athlete's fee as a "Participant"; I agree and accept to all of them.

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____