
NORTH ALLEGHENY'S 2ND 7v7 FIELD HOCKEY TIGER CUP!



Age Brackets and Times: K-2nd or 3rd-4th will be from 11:00am - 1:00pm

5th-6th or 7th – some 8th will be from 12:30 - 4:30pm

Some 8th-10th or 11th - alumni / coaches will be from 4:30 - 9:00pm

When: Saturday May 16th

Where: North Allegheny's Turf Field in Newman Stadium

Kindergarten - 4th grade Registration: by Monday May 11th \$10 per individual

EARLY Registration for 5th-Alumni: by Monday May 4th Team \$250 or Individual \$25

LATE Registration 5th –Alumni: by Monday May 11th Team \$275 or Individual \$28

(All proceeds will benefit the NAFH Boosters)

NAFH 7V7 TIGER CUP



Registration Form for Team

Team Name (s): _____

School: _____

Team Contact: _____

Phone Number: _____ Email: _____

Tournament Cost Per Team:

\$250 EARLY REGISTRATION: MONDAY MAY 4TH, 2015

\$275 LATE REGISTRATION: MONDAY MAY 11TH, 2015

How many teams are you bringing? 5th-6th grade____, 7th-8th grade____, 9th-college____

Total Due: _____

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Registration Form for Individual

Participant's Name (s): _____

School: _____ Grade: _____

Parent / Guardian's Name: _____

Phone Number: _____ Email: _____

Tournament Cost Per Player:

\$10 KINDERGARTEN - 4TH GRADE: MONDAY MAY 11TH, 2015

\$25 EARLY REGISTRATION 5TH– 12TH GRADE: MONDAY MAY 4TH, 2015

\$28 LATE REGISTRATION 5TH—12TH GRADE: MONDAY MAY 11TH, 2015

Total Due: _____

Mail Wavier Form and Registration form with Check Payable to “NAFH Boosters” to:

Coach Berkley 631 6th Avenue Coraopolis 15108

NAFH 7V7 TIGER CUP



WAIVER FORM

We (or I) hereby request your acceptance of this WAIVER/RELEASE REGISTRATION for participation in North Allegheny Field Hockey Boosters activities including practices, games, tournaments and try-outs. In consideration of your acceptance of this waiver/release, we (or I) hereby release all persons associated with North Allegheny Field Hockey Boosters from all claims and causes of action, arising from injury to the participant, whether such injury is the result of negligence or any other causes. If medical attention is required for the injury while participating in any North Allegheny Field Hockey Boosters activity, we (or I) give permission for such medical care and we (or I) will be financially responsible. **Each participant will need to bring their own mouth guard.**

Participant's Name: _____

Parent's Name: _____ Parent's Email: _____

Health Insurance Company: _____

Policy Number: _____

Doctor's Name: _____ Doctor's Phone: _____

Emergency Contact: _____ Emergency Contact's Phone: _____

Print Name of Parent/Guardian: _____

Parent's / Guardian's Signature: _____ Date: _____

**** Each Player is expected to bring White and Dark Colored Shirts, Shin Guards, Stick, Footwear,
Mouth guard, and Water bottle****

**** Goal Keepers MUST bring their own equipment****

Email Coach Berkley with any questions: nafieldhockeycoach@gmail.com