



2018 Field Hockey Clinics
WooFHA Warriors
Woodstock Field Hockey Association
REGISTRATION FORM



Student Name _____ **DOB** _____

Parent/ Guardian _____ **Relationship** _____

Address: _____

City _____ **State** _____ **Zip** _____

Home Phone: _____ **Cell:** _____

Email: _____

Emergency Contact _____

Phone: _____

**** Shin guards, mouth guards and eye protection are mandatory. – 20% sibling discount -**

Disclaimer: We/I parent/guardian of (child's name) _____ will not hold the Woodstock Field Hockey Association, including its representatives liable for any injury sustained by our/my child while participating in the Field Hockey Program sponsored by the Woodstock Field Hockey Association.

SIGNATURE _____ **DATE** _____
 (parent/guardian)

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason it is important to have on file the parents/guardians address and telephone number. Moreover, if the student's parent/guardian cannot be reached, it is important to have authorization to administer appropriate medical action, which might include anesthesia. With this in mind, please complete the section below.

IF IN THE EVENT OF ILLNESS OR INJURY, IF IT NOT POSSIBLE FOR THE HOSPITAL OR A WOODSTOCK RECREATIONAL REPRESENTATIVE TO CONTACT ME, MY PERMISSION IS GIVEN FOR NECESSARY MEDICAL INTERVENTION AND IF NECESSARY, THE ADMINISTRATION OF ANESTHESIA.

SIGNATURE _____ **DATE** _____
 (parent/guardian)

Printed Name _____

Cash/Check _____ Waiver _____ PR _____ USA Member _____ WooFHA member _____ Date _____
--