

PA POWER REGISTRATION/WAIVER FORM

PLAYER NAME: _____

PLAYER ADDRESS: _____

PLAYER PHONE NUMBER: _____

PARENTAL CONTACT NAME: _____

PARENTAL CELL #: _____

PARENT EMAIL ADDRESS: _____

BIRTHDATE:

GRADE: (FOR 2016-2017 SCHOOL YEAR) _____

DIVISION: (AGE ON 12/31/16) CIRCLE ONE: U12 U14 U16 U19

Example - If you are 15 as of 12/31/16 you will be in the U16 (under 16) division. If you are 16 as of 12/31/16 you will be in the U19 (under 19) division.

COST - U12 - \$75 U14 - \$125 U19 & U16 - \$140
(CHECKS MADE PAYABLE TO "PA POWER CLUB")

UNIFORM/PINNIE SIZE (circle one)
Youth L S M L XL

WAIVER:

I AM AWARE OF THE RISKS INVOLVED FOR MY CHILD IF SHE PARTICIPATES IN THIS TYPE OF ATHLETIC EVENT AND WILL TAKE RESPONSIBILITY FOR ALL MEDICAL SUPERVISION OR CARE THAT MAY BE NECESSARY AS A RESULT OF PARTICIPATION IN THIS EVENT. I WILL NOT HOLD ANY MEMBER, PLAYER, COACH OR OFFICIAL OF THE SELINGROVE FIELD HOCKEY ASSOCIATION OR PA POWER FIELD HOCKEY CLUB RESPONSIBLE FOR ANY FINANCIAL OR OTHER COMPENSATION DUE TO INJURY OR DAMAGE SUSTAINED. I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS CLUB.

PARENT/GUARDIAN SIGNATURE & DATE

Club deadline: ASAP OR DEC. 1ST (if after deadline please call or email)

MAIL TO:
CATHY KEISER
50 R & J SPORTS LANE
SELINGROVE, PA 17870

Any questions you may email ckeiser@seal-pa.org or call 570-847-6481