

SEALS SUMMER HOCKEY LEAGUE REGISTRATION/WAIVER FORM

PLAYER NAME: _____

PLAYER ADDRESS: _____

PLAYER PHONE NUMBER: _____

PARENTAL CONTACT NAME: _____

EMAIL ADDRESS: _____

GRADE: (FOR 2014-2015 SCHOOL YEAR) _____

BIRTHDATE: _____

T-SHIRT SIZE: YOUTH S M L ADULT S M L XL

DO YOU HAVE A STICK?: _____

SPECIAL REQUIREMENTS: _____

REMEMBER TO INCLUDE \$20 PAYMENT (CHECKS MADE PAYABLE TO SFHA)

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 RESPONSIBLE FOR ANY FINANCIAL OR OTHER COMPENSATION DUE TO INJURY OR DAMAGE SUSTAINED. I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS LEAGUE.

PARENT/GUARDIAN SIGNATURE

DATE

RETURN WITH PAYMENT TO COACH KEISER AT SCHOOL, ANY COACH AT FIELD HOCKEY CAMP, EMAIL TO ROZLYNETTE@GMAIL.COM OR SEND TO:
ROZ ERB
1845 NORTH HILL DRIVE
WINFIELD, PA 17889