



SURREY FIELD HOCKEY CLUB



SURREY

Last Name: _____ First Name: _____

Address: _____

Phone No.: _____ ; Cell No.: _____

Dad/Guardian's name (print clearly): _____ ; Mom: _____

Birth Date: Month _____ Day _____ year _____ Sex: Male _____ Female _____

Last Team: _____ Last Coach: _____

I/We, the legal guardian(s) of the above named player, approve the participation in the Surrey Field Hockey Club activities and agree to abide by the rules and constitution of the game. I/we hereby release and agree to save harmless and indemnify the executive, coaches, managers, referees, assisting and participating parents and others involved in the Surrey Field Hockey Club from any and all claims, demands and suits that may arise in any manner from the above named player participating in the Surrey Field Hockey Club activities whether or not such claims from their actions conduct of the executive, coaches, managers, referees, assisting and participating parents and others involved in the activities.

THERE WILL BE NO REFUNDS FOR ANY REASON

Medical Information

Emergency contact person's name: _____ Phone Number: _____

Relationship: _____ ; Doctors name: _____

Care Card Number: _____ ; Any Allergy: _____

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

For Club Use Only:

Coach _____ Age Group _____ Paid: \$ _____ () Cheque () Cash

Brother/Sister Plays with SFHC () Yes () No; Player/Coach: _____ / _____