

W. C. FIELD HOCKEY CLUB
2010/11 Indoor Season Try-Outs
REGISTRATION FORM

To be held on Sunday 22nd August, 2010 at The Training Center
Under 14 – 12:00 to 1:30 Under 16 – 1:30 to 3:30 Under 19 – 3:30 to 5:30
Pre-Registration - \$45 Registration on the Day - \$55
Mail completed form with check payable to WC Eagles to:
The Training Center 88 Wells Road Spring City, PA 19475

Name: _____ Birth Date (m/d/y) _____

E-Mail (PRINT) _____

Address _____
and Street city state/zip

Phone # (Home): _____ (Cell): _____

Parents Names: _____ (Cell): _____

Parent's E-Mail (PRINT): _____

School: _____ Grade 10/11 _____

School Coach's Email: _____

Previous Clubs: _____ Position Pref _____

RELEASE/AUTHORIZATION STATEMENT

Note: This statement must be signed by a parent or guardian for a minor or by adult registrant of legal age

I, the parent/guardian of the registrant, or adult registrant of legal age, agree that I and the registrant will abide by the rules of W.C. Field Hockey Club Inc. and the Training Center. Recognizing the possibility of physical injury associated with sports activities and in consideration for W.C. Field Hockey Inc. and The Training Center accepting the registrant for their sports programs and activities, I hereby release, discharge and/or otherwise indemnify W. C. Field Hockey Club Inc. and The Training Center their affiliated organizations and sponsors, employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

Parent/Guardian Signature: _____ Date: _____