

# W. C. FIELD HOCKEY CLUB

## 2011/12 Indoor Season Try-Outs

### Registration Form

To be held on Sunday 14<sup>th</sup> August, 2011 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 \$50 Registration on the Day \$60

Mail completed form with check payable to W C 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 11/12: \_\_\_\_\_

School Coach's E:Mail: \_\_\_\_\_

Previous Clubs: \_\_\_\_\_ Position Pref \_\_\_\_\_

#### Please Check One

- I will attend on Sunday 14<sup>th</sup> August  
 I cannot attend on 8/14, but will come on the make up day, Thursday 25<sup>th</sup> August

#### 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