

2011 EJP Registration/Medical Form



ATHLETE INFORMATION

Last Name:		First Name:		Gender:	
Street Address:			DOB (dd/mm/yy):		Age:
P.O. Box:	City:	Province:	Postal Code:	Phone Number:	
Primary Email:			Secondary Email:		
Parent Name:	Parent Cell:	Years Played	Played Provincial:		
Parent Name:	Parent Cell:	Goalie (Please Check): Yes No	School: (for tracking clinics)		

Parent's/Guardian's Consent Athletes Under 18

I hereby consent to my child _____ participating in the Edmonton Junior Program registered above. By signing this form and permitting my son/daughter to participate in this program, I as the parent/guardian, and on behalf of the child, agree to release and hold without liability the FHA, CLFHA, FHAC and CJP, its agents, volunteers, Board of Directors and employees, from any and all claims for damages or bodily injuries arising out of participating in this field hockey program.

I understand that the coaches and managers are not responsible for my child/ward before or after the game or practice. Therefore if I or another adult of my choosing is not at the field before or after game or practice time it is understood that this means that my child/ward has permission from me to leave the field of play / facility on their own. I also understand and grant permission that my child's picture of participating in EJP activities may appear on FHA/EJP website and advertizing.

Parent(s)/Guardian(s) Signature: _____

(Print first and last name): _____ Date: _____

MEDICAL INFORMATION

Emergency Contact Name (Primary):	Primary Number:	Secondary Number:	Relationship:
Emergency Contact Name (Secondary):	Primary Number:	Secondary Number:	Relationship:
Health Care Province:	Health Care Number:	Family Doctor Name:	Family Doctor Primary Number:
List of Allergies:	Allergy 1:	Allergy 2:	Allergy 3:

Please indicate any previous injuries/conditions/diseases that may hinder performance (i.e., torn ACL, Concussion, ADD, Diabetic, etc.) use the room provided below (if more space required please use the back side of the form):

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PROGRAM REGISTRATION

Last Name:

First Name:

Gender:

T-shirt Size (Please Check): Youth SM Youth MD Youth LG Youth XL Adult SM Adult MD Adult LG Adult XL

**** Field Hockey Alberta Membership fee \$35.00 – Good from September 1st- August 31st of each year**

Spring League

Venue: Foote Field, University of Alberta & Millwoods Turf

Please check you program below:

U6- Mini-Sticks 5 & 6 year olds Mixed (\$65.00) + (\$35.00- Membership fee if not paid in October)	U8-FUN-Sticks 7 & 8 year olds Mixed (\$95.00) + (\$35.00- Membership fee if not paid in October)	U10 League 9 & 10 year olds Mixed (\$110.00) + (\$35.00- Membership fee if not paid in October)	U12 & U14 Leagues 11, 12, 13 & 14 year olds Mixed (\$120.00) + (\$35.00- Membership fee if not paid in October)
Start Date: To be confirmed <input type="checkbox"/> Mondays 6:30pm – 8:00pm (April, May, June, July) * Mini games included in these sessions.	Start Date: To be confirmed <input type="checkbox"/> Mondays 6:30pm – 8:00pm (April, May, June, July) * Scheduled Games: Wednesday's 6:15 pm	Start Date: To be confirmed <input type="checkbox"/> Mondays 6:30pm – 8:00pm (April, May, June, July) * Scheduled Games: Wednesday's 6:15 pm	Start Date: To be confirmed <input type="checkbox"/> Mondays 6:30pm – 8:00pm (April, May, June, July) * Scheduled Games: Wednesday's 7:15 pm

****With fees your child will receive a t-shirt, socks & a mouth guard to keep: your fees also include insurance and all other league fees. Sticks and balls are provided during each session and game.**

****MANDATORY EQUIPMENT REQUIRED TO PLAY: SHIN PADS (SOCCER) & A MOUTH GUARD!!**

Volunteer (we depend on volunteers to run our programs, please check how you can help)

- Coaching (field hockey knowledge not required) Umpiring No, sorry I will not be able to help
- Festival Volunteers (day of event only) Yes, I am interested

PAYMENT METHODS

Please make separate cheques for the following and payable to Field Hockey Alberta

1) League fees 2) FHA Membership (if not paid in October)

CASH is also acceptable for payment!

If you wish to pay online a PayPal account is required (signing up for an account is simple with a major credit card, visit www.fieldhockey.ab.ca)
Send registration/medical form and payment to the address below!

Unit 4, 10329 - 61 Avenue
Edmonton, AB T6H 1K9

Phone: 780-760-2180
Fax: 780-761-2180
Email: collin@fieldhockey.ab.ca