

# Registration & Medical Form

## FHA Provincial Outdoor Season 2010



### ATHLETE INFORMATION

check here if you are a returning athlete

only fill in information that is changed from the last provincial season

Last Name:		First Name:		Gender:	
Street address:				DOB (dd/mm/yy):	Age:
P.O. box:	City:	Province:	Postal Code:		Phone ( ):
Primary Email:			Secondary Email:		
Parent Name:	Parent Cell: ( ):	Years Played:	Team Trialing For: U14 U16 U18 SR		
Parent Name:	Parent Cell: ( ):	Goalie (please circle): yes no	School:		

### Parent's/Guardian's Consent Athletes Under 18

I hereby consent to my child \_\_\_\_\_ participating in the Field Hockey Alberta provincial 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 FHA activities may appear on FHA website and advertizing.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

(Print first and last name): \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL INFORMATION

Emergency Contact Name (Primary):	Primary #: ( ):	Secondary #: ( ):	Relationship:
Emergency Contact Name (Secondary):	Primary #: ( ):	Secondary #: ( ):	Relationship:
Health Care Province:	Health Care #:	Family Doctor's Name:	Family Doctor's Primary #:
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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## FHA Provincial Outdoor Season 2010



### ATHLETE CODE OF CONDUCT

#### Code of Conduct

All members of Field Hockey Alberta provincial teams will conduct themselves in an orderly manner and will not discredit or dishonor the FHA or FHA in any way.

All members will consider themselves to be ambassadors for FHA specifically and the sport of field hockey in general, as well as the province of Alberta and Canada.

As a members of the Field Hockey Alberta provincial team you will not partake in any illegal action, e.g.

- Consume illegal substances
- Consume alcohol if under age
- Consume alcohol without coach and/or manager's approval

While traveling to/from and attending tournaments and matches all members will abide by pre-set curfews and other regulations, which may be set by the coach, manager, or FHA staff including the High Performance Coach, e.g. Travel uniforms

Shall respect the coaches, chaperones, officials and managers at all times.

When travelling to and from tournaments, all team members will travel together, except in extenuating circumstances when a parent or guardian provides a letter of consent.

#### I have read and agree to abide by the 'code of conduct'

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(player)

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Print Name: \_\_\_\_\_

**Trial Fee** - Outdoor 2010 fee \$30.00 payable via cheque, cash or online. Due prior to the first trial session.

Cheque # included: \_\_\_\_\_

Cheque \$: \_\_\_\_\_

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

- |                                                                                           |                                               |                                                               |
|-------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Coaching<br><small>(field hockey knowledge not required)</small> | <input type="checkbox"/> Umpiring             | <input type="checkbox"/> No, sorry I will not be able to help |
| <input type="checkbox"/> Festival Volunteers<br><small>(day of event only)</small>        | <input type="checkbox"/> Yes, I am interested |                                                               |

#### Sponsorship Opportunities

- |                                                          |                                                           |                                                            |
|----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Interested in sponsoring a team | <input type="checkbox"/> Interested sponsoring an athlete | <input type="checkbox"/> Interested in sponsoring an event |
|----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|

If you are interested in FHA's sponsorship opportunities please contact the office, contact information is below

**\*\*Mouth guards and shin guards are mandatory\*\***

For Credit Card Payment Please Visit the FHA Website: [www.fieldhockey.ab.ca](http://www.fieldhockey.ab.ca) for details on each program and payment process

Please make cheques payable to Field Hockey Alberta. Send registration/medical/Code of Conduct form and payment to:

**#1, 2135 Westmount Rd. NW Calgary, AB T2N 3N3**

(a) #1, 2135 Westmount Rd. NW  
Calgary, AB T2N 3N3  
(e) [info@fieldhockey.ab.ca](mailto:info@fieldhockey.ab.ca)  
(w) <http://www.fieldhockey.ab.ca>

(p) 403 670 0014  
(f) 403 670 0018  
(c) 403 617 7190