

3705 Mill Woods  
Road East

# 2010 OUTDOOR 5&6 FIELD HOCKEY 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 (     )
Primary Email:			Secondary Email:		
Parent Name:		Parent Cell: (     )	Years Played:	Played before (please circle): U6 U8 U10 U12 U14 PYG	
Parent Name:		Parent Cell (     )	Goalie (please circle): yes no	School attending: (* This is to track where we have ran clinics before)	

## 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, and Ridgewood Community League, 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 in the future.

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

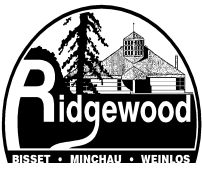
(Print first and last name): \_\_\_\_\_ Date: \_\_\_\_\_

## 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):


**TURN OVER PAGE!**



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## PROGRAM REGISTRAION

Last Name:	First Name:	Age:
Youth T-shirt Size (please circle):	Youth SM Youth MD Youth LG Youth XL	Adult-SM Adult-MD Adult-LG Adult-XL

## Spring League

**\*\*Deadline to register for Ridgewood Spring Program is April 28<sup>th</sup>, 2010\*\* \$15 dollar late registration fee applied after that date until May 5<sup>th</sup>, 2010.**

**Venue: Ridgewood Community League OUTDOOR ICE RINK- 3705 Mill Woods Road East**

<b>U6- Mini-Sticks</b> 5 & 6 year olds-Mixed (\$65.00) + ( CL-Membership \$25.00)	<input type="checkbox"/> <b>Wednesdays</b> <b>6:00am – 7:15pm</b> *5 Weeks (June 2010)		
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**\*\*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 practice & game.**

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

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

<input type="checkbox"/> <b>Coaching</b> <small>(field hockey knowledge not required and can be paired up with someone that is NCCP trained)</small>	<input type="checkbox"/> <b>Umpiring</b>	<input type="checkbox"/> <b>No, sorry I will not be able to help</b>
<input type="checkbox"/> <b>Festival Volunteers</b> <small>(day of event only)</small>	<input type="checkbox"/> <b>Yes, I am interested</b>	

## FIELD HOCKEY INDIVIDUAL & TEAM PICTURES:

**\* Pictures provided by Harjit Jandu from The Snap Shots!**

- \$25.00** Premium Package (Includes Team picture, Individual picture & action shot)
- \$15.00** ("8x10" Memory Mate with team & individual photo)

**\* All packages will include a high resolution CD for further prints, e-mail etc.**

## PAYMENT METHODS

**Please make separate cheques for the following**

- 1) League fee- Payable to Field Hockey Alberta
- 2) Community League Membership &
- 3) For Pictures if purchasing them.

**CASH is also acceptable for payment!**

**\*DON'T FORGET TO ASK WHERE YOU PICK UP YOUR JERSEY, SOCKS & MOUTH GUARD!!**

Field Hockey Alberta  
Address: #101, 16220 Stony Plain Road  
Edmonton, AB T5P 4A4  
web: <http://www.fieldhockey.ab.ca>

phone 780 760 2180  
fax 780 761 2180  
email [jr.edmonton@fieldhockey.ab.ca](mailto:jr.edmonton@fieldhockey.ab.ca)