

HADDON HEIGHTS FIELD HOCKEY CLUB REGISTRATION 2010

p.o. box 255 Haddon Heights, NJ 08035 heightshockey@hotmail.com

One player per form

Name _____ DOB ____/____/____

Address _____ Town _____

Home Phone (____) _____ Cell Phone (____) _____

Parent Name _____ Grade in Fall '10 _____

Parent Email _____ @ _____

Please check one: _____ Younger Clinic (grades 3 & 4) _____ Older Clinic (grades 5-8)

Emergency Contact: _____ relation _____ phone (____) _____

In case of emergency, HHFHC and its designees are permitted to obtain emergency medical care. There are inherit risks that could sustain injury when playing field hockey. I understand these risks for my child.

Parent Signature: _____ Date _____

Previous Coach: _____ Requests: _____

Pant size: _____ Child _____ Adult

Parent Volunteers are always needed and helpful. Please check all that may apply: _____ Coach _____ Assistant Coach
_____ Club Board Member _____ Sell Snacks on Game Day _____ Other:

**Financial Assistance is available to those who qualify. Please contact a Heights Hockey representative to discuss.

Registrar _____
Check # _____
Amount \$ _____
Cash: Y N
Date rec'd ____/____/2010
Shin guard order Y N
Check # _____ Cash \$ _____
Date Delivered ____/____/2010