

# OAK HILL YOUTH FIELD HOCKEY 2011



Players Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Grade (fall 2010) \_\_\_\_\_ Played Before yes or no

Parents Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Work/Cell: \_\_\_\_\_

Registration Costs: \$35 for grades K-5 Cash or Check # \_\_\_\_\_

\$50 for grades 6-8 (middle school league)

Shirt Size: (circle one) Youth: Sm, Med, Lg. Adult: Sm, Med, Lg, XL

Socks: I need a new pair! Yes or No

Do you have medical insurance: yes or no

Name of Ins. Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I, \_\_\_\_\_ wish to have my child, \_\_\_\_\_

**Participate in the Sabattus Recreation Oak Hill Youth Field Hockey Program. I understand the risks involved in Field Hockey and agree to assume these risks, I am aware that the Sabattus Recreation Club requires that all players have medical insurance coverage. In the event of an accidental injury to my child, I agree to assume all the medical expenses incurred and release the club, the coaches and volunteers from liability or payment of any such medical expenses.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the policy of the Sabattus Recreation Club to allow only the players who have a responsible adult on the premises to participate. If you must leave your child, you must have someone who is willing to be responsible for your child in your absence. Also, please note, no child will be allowed to participate if they do not have a mouth guard. There will be no exceptions to this policy!