

OAK HILL YOUTH FIELD HOCKEY 2010



Players Name: _____ Phone Number: _____

Address: _____

Grade (fall 2010) _____ Played Before yes or no

Parents Name: _____ Email _____

Address: _____ Phone Number: _____

_____ Work/Cell: _____

Registration Costs: \$30 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!

