



2017 Fall Training

U19 Saturdays 4.00 – 6.00 PM
U16 Saturdays 2.00 – 4.00 PM
U14 Monday Evenings 6.45 – 8.45 PM
U10 Wednesday Evenings 6.45 – 8.15 PM
U12 Thursday Evenings 6.45 – 8.15 PM
Sept 5 – October 28 2016

PLAYER REGISTRATION FORM

Name: _____ Birth Date (m/d/y) _____

E-Mail (PRINT) _____

Address _____
and Street city state/zip

Phone # (Home): _____ (Cell): _____

Parents Names: _____

Parent's E-Mail (PRINT): _____

School: _____ Grade 15/16 _____

\$295 payable with registration Payable to WC Field Hockey Club

RELEASE/AUTHORIZATION STATEMENT

Note: This statement must be signed by a parent or guardian for a minor or by adult registrant of legal age

I, the parent/guardian of the registrant, or adult registrant of legal age, agree that I and the registrant will abide by the rules of W.C. Field Hockey Club Inc. Recognizing the possibility of physical injury associated with sports activities and in consideration for W.C. Field Hockey Inc accepting the registrant for their sports programs and activities, I hereby release, discharge and/or otherwise indemnify W. C. Field Hockey Club Inc, their affiliated organizations and sponsors, employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

Parent/Guardian Signature: _____

Date: _____

Please mail to: The Training Center 88 Wells Road Spring City PA 19475